

# Melton Court Limited

# Melton Court

## Inspection report

37 Lindsay Road  
Branksome  
Poole  
Dorset  
BH13 6BH

Tel: 01202766556

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 29 September 2016. We gave notice three days beforehand to ensure the registered manager would be available. We last inspected the service in December 2013 and found that it was meeting the regulations.

Melton Court provides housekeeping services, which CQC does not regulate, to the owners of the flats there. Six of these owners also receive personal care in their flats, such as assistance with showering and bathing. We inspected this personal care service only.

The registered manager responsible for the personal care service had worked at Melton Court for a number of years. 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.

People were pleased with the service they received. They told us staff knew them well, had a good understanding of the care they needed and provided this effectively, in an unhurried manner. Comments included: "The whole place makes us feel safe", "They are experienced, they really know what needs doing" and "We can't sing its praises enough – everybody's so caring". People told us that staff arrived when expected and stayed for the right length of time.

Some people were assisted with prescribed medicines, including skin creams. There was a safe system for administering and recording medicines, including regular staff training, to ensure that people had their medicines as prescribed.

Staff had the right skills and knowledge to provide people's care. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character to work in a caring role with older people. The staff had worked in the service for several years. They had regular refresher training in key topics; this was mostly provided through distance learning. They were also supported through supervision meetings with a line manager, at which they discussed their work and any training needs they had.

Quality assurance systems were in place to monitor the quality of service being provided. Managers visited people regularly to discuss their experience of the service, as well as having informal ad hoc conversations with them. Staff had spot checks periodically, where managers observed them at work and checked they were following the correct procedures. There was also an annual quality assurance survey sent out to people who used the service. The feedback from the last survey in January 2016 had been positive. Where people had expressed any uncertainty about aspects of the service, such as how best to contact the office, this had been followed up. There had been no complaints about the service since our last inspection.

## 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.

People felt safe with the staff who provided their care.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

People's medicines were managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was obtained to their care and support.

People received care from staff who were supported through training and supervision.

People were supported to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People praised the caring and respectful approach of the staff.

People had care from regular staff who knew them well.

People were provided with information about the service and were supported to express their views about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received consistent, personalised care and their care

needs were met.

Care plans were clear and were regularly reviewed, with people's involvement.

The service had a policy and procedure for addressing complaints but there had been no complaints since the last inspection, as the management team worked with people to address any concerns as they arose.

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### **Is the service well-led?**

The service was well led.

The service had a friendly, open, positive culture that promoted the importance of listening to people.

People spoke highly of the quality of the service provided. There was a quality assurance system that operated to ensure standards were maintained.

**Good** ●

# Melton Court

## **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 is 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.

The inspection took place on 29 September 2016 and was undertaken by a sole inspector. We gave notice three days beforehand to ensure the registered manager would be available.

Prior to the inspection we reviewed the information we held about the service. This included questionnaires returned by some people who used the service. In addition, we received a 'provider information return' (PIR) from the service earlier in 2016. A PIR 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.

During the inspection we visited two people who received a personal care service and one of their relatives, who also received a housekeeping service. We also spoke with the member of staff who provided most of the personal care and with the registered manager. We reviewed two people's care records, two staff files and records relating to the management of the service, such as quality assurance questionnaires, accident and incident forms and policies.

## Is the service safe?

### Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. People told us they felt safe with the staff. Their comments included: "The whole place makes us feel safe", "Our children are delighted – they can go away and not worry about us". Staff had a good understanding of how to keep people safe from possible abuse and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and addressed through people's care plans. Risk assessments covered areas such as environmental risks in people's flats and risks associated with moving and handling. People involved in accidents and incidents were supported to stay safe. Accidents and incidents were recorded and the registered manager reviewed accident forms to ensure any necessary action had been taken to prevent further injury or harm.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. They told us they had a regular member of staff, who arrived when expected and stayed for the right length of time. They said they never felt rushed with their care. For example, one person said that staff turned up exactly on time and commented, "They have a great deal of patience". The staff member told us that visits were allocated a suitable length of time and that if they felt a visit was too short, they were readily able to raise this with their manager so that additional care could be arranged.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character to work in a caring role with older people. The staff who provided care had worked in the service for several years. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms and appropriate references. Criminal records and barred worker checks had been made with the Disclosure and Barring Service.

Peoples' medicines were managed and administered safely. Some people had staff apply prescribed creams to their legs. These were recorded on a medicines administration record (MAR), which staff initialled when they had administered the cream. MAR contained the required information, such as details of any allergies, and clear instructions to staff of how, when and to which area the cream should be administered. Staff had annual training in the safe administration of medicines and their competence in handling medicines was checked during spot checks of their work.

## Is the service effective?

### Our findings

People all spoke positively about the staff and told us they were skilled to meet their needs. One person described the staff as "extremely capable" and said, "They are experienced, they really know what needs doing".

People were supported by staff who had training to develop the skills and knowledge they needed to meet people's needs. Staff confirmed they had the regular refresher training they needed, through viewing DVDs produced by a training company and having their knowledge tested through a work book. Training records showed that staff had up to date training in topics such as fire safety, moving and handling, infection prevention and control, nutrition and wellbeing, emergency first aid, food hygiene, safeguarding adults, dementia awareness and person-centred care.

Staff were also supported through supervision meetings with a line manager. These focused on how staff worked with particular people using the service and enabled staff to discuss any training needs or concerns they had. Staff had spot checks from time to time, where a manager observed their work and checked that staff were following the correct procedures.

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.

We checked whether the service was working within the principles of the MCA. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Consent was recorded in people's care files. People confirmed that their wishes and preferences had been followed in respect of their care and treatment.

People's health care needs were monitored. One person told us how staff had contacted their GP surgery about a cut on their leg and had also arranged an influenza vaccination for them. The staff member we spoke with and the registered manager explained that where staff had concerns about a person's health or well-being, they facilitated a referral to their GP or other health care professionals. The registered manager explained that the GP surgery had recently held an influenza vaccination session at Melton Court.

At the time of the inspection, the personal care service did not support people with eating and drinking. However, staff had training in food hygiene and nutrition, and meals were available on site. However, this was not part of the personal care service regulated by CQC.

## Is the service caring?

### Our findings

People spoke highly of the caring approach of the staff. One person explained how staff treated them with dignity, commenting, "You're not embarrassed by them at all". Other comments included: "We can't sing its praises enough – everybody's so caring" and "You're never made to feel like an old person, a nuisance". They said their care was never rushed.

People received care and support from a consistent team of staff who had got to know them well. People told us that staff knew and understood them, one person describing them as being "like a daughter". The registered manager and staff were well acquainted with people and had a good understanding of their care needs.

People were given information about the service when they started receiving care. Care records in people's flats contained a copy of their care plan and of key policies and procedures, such as the service's medication and confidentiality policies.

There was a range of ways used to make sure people were able to say how they felt about the service they received. People's views were sought through regular visits from a manager, care reviews and annual surveys.



## Is the service responsive?

### Our findings

People confirmed that staff understood their needs and provided the right care accordingly. For example, one person commented, "They do whatever I want them to do".

People had care plans that clearly explained how they would like to receive their care. The examples seen were succinct but contained clear information so that staff would know exactly how to provide care. Care records contained information about people's close family members and key professionals, such as doctors, involved with their care.

People's care needs were assessed before they began to receive a service and their care plans were developed from this. People were regularly consulted in reviewing their assessments and care plans. Where people developed more complex care needs or needed care outside the hours worked by the service's care staff, care was sought from another domiciliary care agency that would be better placed to meet these.

Complaints and concerns were viewed as an opportunity for learning or improvement. However, the registered manager informed us that there had been no complaints since our last inspection. They and the management team regularly chatted with people about the service so that any niggles could be addressed. The service had a complaints policy that set out the various steps they would take to investigate complaints within a specified timeframe.

## Is the service well-led?

### Our findings

People praised the quality of the service. For example, a person told us, "They are fantastic".

The service had a registered manager, who had been in post for a number of years. 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. The registered manager has a responsibility to notify CQC about certain significant events. The registered manager was aware of this requirement; however, there had been no significant events to notify since the last inspection.

The service had a friendly, open, positive culture that promoted the importance of listening to people. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Strategic decisions about the service were made at board and sub-committee meetings, the board being composed of a committee of owners of the flats in the complex. The registered manager attended these meetings and reported to the board, although they did not share confidential information about particular people's care.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. People's experience of care was monitored informally through ad hoc chats with managers, through regular managers' quality assurance visits to people and through the annual quality assurance survey, which had last taken place in January 2016. The feedback from the most recent survey had been positive and where there had been any expression of uncertainty about the service, such as how best to contact the office, this had been followed up. In addition, there were periodic spot checks, where a manager observed care being provided to check that the staff were following the correct procedures.