Care Quality Commission

Melton Care Services Limited

Melton Care Services Limited

Inspection report

45 Burton Street
Melton Mowbray
Leicestershire
LE13 1AF

Tel: 01664569943

Date of inspection visit:
04 September 2018
05 September 2018
06 September 2018

Date of publication:
02 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 4, 5, and 6 September 2018. Melton Care Services Limited was first registered with the Care Quality Commission on 9 August 2017; this was the first comprehensive inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the provider was supporting 51 people with personal care.

Not everyone using Melton Care Services Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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.

Staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way. However, there was a lack of recorded MCA assessments and best interest decisions in place for people. The registered manager had identified this and was working with the local authority to ensure that people's mental capacity was assessed when needed.

People were supported in a safe way. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by senior staff. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required. Staffing levels were suitable to meet people's needs, and the staffing planner showed that staffing was consistent.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff. Staff told us that they were able to update their mandatory training with refresher courses. Staff were well supported by the registered manager, senior team and provider, and had

one to one supervisions.

Where needed, staff supported people to have access to suitable food and drink. Staff supported people to health appointments when necessary. Health professionals were involved with people's care as and when required.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care and to help the service make improvements where required.

Quality monitoring systems and processes were in place and audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

Sufficient numbers of staff were deployed to meet people's needs.

People were supported to take their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was assessed. However, the registered manager was working with the local authority to rectify this.

People's needs were assessed. Staff were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being. If people needed assistance with their meals and drinks staff provided this.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Information provided by the service was available to people in accessible formats.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Audits were completed regularly at the service to review the quality of care provided.

Care Quality Commission

Melton Care Services Limited

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.

This inspection took place on 4, 5 and 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us. We made telephone calls to people who used the service and visited the office location on the 4 September to review care records and policies and procedures and talk with staff. We visited people at home on the 5 September and completed the inspection with further telephone calls to people and staff on the 6 September.

The inspection team consisted of an inspector and assistant 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. Our expert-by-experience's area of expertise was community based social care services.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also reviewed notifications that the provider had sent us. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people using the service and seven people's relatives. We also spoke with the provider, registered manager, training manager, a care visit scheduler, two senior care staff and four care staff. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at five people's care records and five staff recruitment files.

Good

Is the service safe?

Our findings

People and relatives said people were cared for safely. They told us staff supported people to move safely and that people felt safe when staff were in their homes. One person said, "I can't have a shower anymore on my own because I don't feel safe enough. Just knowing that the carer is there, ready to help when I need her, makes a world of difference. I've certainly never worried about my safety while they're here."

We talked with the staff about safeguarding people from abuse, and they understood the correct procedures to follow. Staff told us that they received training in safeguarding regularly; training records reflected this. One member of staff said, "If they [people] disclose [abuse] you explain you have to pass it on to others, record accurate details, we have a procedure to follow, to ring the local authority." Staff were confident that concerns were always followed up promptly by senior staff.

People and relatives said staff protected people from risk. One person said, "I need to be hoisted everywhere these days. My carers have all been very well trained and I feel completely safe in their hands. If I had any concerns, I'd call the office staff and have a chat."

People had risk assessments in place so staff knew how to support them safely. Staff told us, "The care plan tells you about any risks around the home and any signs to look out for if someone has a health problem." Risk assessments covered areas such as falls, mobilising, skin integrity, medicines, and the person's environment. Where risks were present staff were given clear instructions on how to monitor these. For example, risk assessments had been undertaken to identify any risk whilst moving people; appropriate controls had been put in place to reduce and manage these risks.

People, their relatives and staff told us that there were enough staff to meet people's care needs and the majority of feedback reflected that staff arrived on time. One person said, "Yes, certainly within 10-15 minutes of when I'm expecting them." Another person's relative said, "They now have to log in and out electronically, so there's no discrepancies. [Family member] has never told me that she feels rushed at all."

We were told that when staff were going to be late people were informed, one person said, "It doesn't happen very often, but if it does, the office will always ring." The provider used a call monitoring system to ensure that care visits were made at the agreed times and to enable them to take prompt action if staff were late.

Some people told us that they did not receive a rota, so did not know on a daily basis which staff would be providing their care. They said that they would like to know who would be visiting them. We discussed this with the provider who agreed to ensure people were provided with a rota.

People were safeguarded against the risk of being cared for by unsuitable staff because there were safe recruitment practices in place. One member of staff said, "I had to wait for a [criminal records check] before I could start." The staff recruitment files we checked contained the required documentation to show staff were suitable including proof of identity, a satisfactory criminal record check and references.

People and relatives said they were satisfied with how staff supported people with their medicines, coming at agreed times and providing the assistance people needed. One person said, "I have an early morning call so that I get my tablets first thing. My carer gives me the tablets out of the box from the pharmacist and then it gets written up in the notes. I haven't missed any since the carers have been coming to me."

Staff had been provided with training on the safe handling, recording and administration of medicines, in line with the service's policy and procedure. Staff competency to administer medicines was regularly checked by senior staff and people received their medicines as prescribed. We saw that staff had consistently recorded when they had administered people's medicines.

However, during the inspection we saw that some of the details on medicines administration records (MAR) regarding people's health needs and medicines had not been completed as directed by current guidance. For example, MARs did not contain information regarding any allergies that the person may have, the route of the medicine or the person's GP. However, this information was available on the pharmacy label on the person's medicines container and in their care plan. We discussed this with the registered manager who agreed to review the MAR charts in use and ensure that all necessary information was recorded.

People were protected by the prevention and control of infection. They told us staff washed their hands and wore disposable gloves and aprons when providing personal care or applying prescribed creams. One person said, "They always bring gloves and aprons with them. I never have to remind them to wash their hands." Staff were trained in infection control and followed the service's infection control policy and procedures.

Lessons were learnt and improvements made when things went wrong. There were processes in place to ensure that accidents and incidents were recorded and reported to the registered manager and outside agencies as necessary. Only one accident had occurred involving people who used the service. This was reviewed by the registered manager to ensure the service took appropriate action and made any changes necessary to the person's care.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We asked the registered manager if they thought that anybody using the service may lack capacity to make decisions in relation to their care and treatment. The registered manager told us that they thought some people may not have the capacity to understand and make decisions about their care. However, no mental capacity assessments had been completed at the service and no care plans we looked at contained assessments of people's capacity to make specific decisions about the delivery of their care. The registered manager had recognised that this was an area where the service needed to develop and was working with the local authority to implement further training for staff and appropriate assessments for people. These improvements need to be sustained and embedded.

People told us staff gained their consent before providing them with care and support. One person said, "Some days I don't feel like having my hair washed. My carer always asks me if I want it washed and then I decide how I feel." Another person's relative said, "I usually hear my [family member's] carer asking her if they're ready for their shower in the morning. They are never forced to do anything if they don't feel like it."

People's needs and choices were assessed before they received support from the service to help ensure it was suitable for them. One person, told us, "I only started having care from them [provider] about two months ago. I'd got dissatisfied with my previous agency. My wife and I had a long chat with someone from the office about what help I needed and about a week later, I was sent a draft care plan which needed a few alterations. Once I was happy, I signed it and I have a copy here in my folder." Records showed that peoples' needs were thoroughly assessed, including their cultural and religious requirements and preferences, so staff were aware of these as soon as they began using the service.

People and relatives told us staff were well-trained and provided people with effective care and support. One person said, "They seem to have all the skills I need and [I know] they have updated training days because my carers tell me about it."

Staff told us they were satisfied with the training they received. One staff member said, "The induction was good, I've done moving and handing and medicines training, the moving and handling training included using hoists." A training officer was available to support staff and provided additional training when needed. Records showed staff completed a wide range of induction and on-going training courses to enable them to meet people's needs. These included moving and handling, pressure area care and food hygiene.

Staff told us that they were well supervised and supported. Senior staff came to observe staff as they worked to ensure they were providing effective care. One member of staff told us, "We have spot checks by the seniors, they come and watch us in [the person's] home and then we discuss it in the office." Another member of staff said, said "They [provider] are very supportive, a lot better than anywhere I've worked before."

Staff supported some people with their meals. People had nutritional care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. Advice from dieticians and the SALT (speech and language therapy team) was incorporated into care plans. For example, if people needed their meals prepared to a particular consistency staff were made aware of this.

Staff supported people with their healthcare needs and contacted health care professionals, such as GPs and district nurses, if they needed them. They monitored people's health and well-being and took action when necessary. For example, one person had recently been discharged from hospital and staff were liaising with occupational therapists to ensure that they were provided with the equipment they needed. The registered manager described how staff regularly contacted district nurses to support people's health needs in relation to pressure area, catheter and wound care.

The majority of people using the service had support from relatives or were able to access medical support for any acute healthcare issues independently. However, staff were aware of the appropriate action to take if a person became unwell and required their support to access a healthcare professional.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. One person said, "I love chatting with my carers, they make the day seem a lot shorter." People's relatives made positive comments about the care staff who visited their family member. One person's relative said, "My wife loves all the carers." Another relative said, "They all make sure that they make time to sit down and chat with [family member]. They always look forward to that time."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes, dislikes and the support they required. Staff told us that they were encouraged to consider people's emotional needs and get to know people well. People benefitted from continuity of care and the relationships they had built with the staff that provided their support. One member of staff said, "I look after [people] like I would want to be looked after, I always give choices, it is their home and I respect their space."

The provider facilitated an Xtracare scheme, to provide people with flexible support in other areas of their lives. Support available included gardening, dog walking and providing manual handing training to relatives who wanted to be involved in their family member's care.

People and relatives told us staff respected people's cultural needs and supported them to follow their beliefs and customs. People were able to choose whether they wanted male or female staff to provide their personal care. The registered manager told us that the service had matched staff of a similar cultural background to a person who spoke the same first language, as this was the person's preference. As well as supporting the person with their care, the member of staff supported them with communication with other social and healthcare professionals.

People had access to their care plans and notes. People said they had looked at these and thought they were appropriate, factual, and detailed. People, and relatives where relevant, said they were able to contribute to care plans. People told us that they had regular review meetings with staff to discuss the care plan and ensure it was still accurate. One person said, "I only had a review the other week… We talked about my care plan and we went through everything. It's still all working ok at the minute."

People told us that they felt involved in all decisions related to the care and were supported to make their own choices. One person said, "As far as I'm concerned, I think I have all the choice I want." Another person's relative told us, "I can't think of anywhere where we don't have choice. We choose what food we want to eat, what [family member] will wear, and what they want to do, if anything, during the day."

Staff respected and promoted people's privacy, dignity and independence. People gave us examples of how staff provided them with dignified care and support. One person said, "I wish I could reach to wash myself, particularly my bottom half. I don't like being reliant on other people, but my carers make sure that they take their time, ensuring that I'm properly dry before they cream my legs for me." Another person said, "This time of year, my carer will always make sure that the first thing they do each evening is shut the curtains so

that no one can see in. They are always very particular about that."

Staff gave us examples of how they encouraged people to maintain their independence. One member of staff said, "I encourage people to do as much as they can, for example when washing and then I do the bits where they need help."

Good

Is the service responsive?

Our findings

People said they were satisfied with the care and support provided which was personalised and met their needs. One person said, "I was asked when I would like the carers to come and how I wanted the tasks to be split across the week. I'm a really early morning person and they were still able to accommodate me." Another person's relative said, "The carers come quite late to my wife every morning because it takes her sometime to come to each morning. They are very caring."

Care plans provided step-by-step guidance for staff when working with each person. They were focussed on the individual and contained information such as their past life history and how they communicated their everyday care needs. The things that were important to people were clearly identified so staff could support them to make decisions about what they wanted to do. For example, one person's care plan clearly described how the person may behave if they were anxious or unwell and what staff should do in response. A member of staff told us, "If we work with anyone new, we read their care plan, it tells us what jobs to do and their likes and dislikes." We found clear sections on people's personal care needs, health needs, preferences and mobility; with detailed guidance for staff on how people liked their care to be given.

Care plans contained the information staff needed to help ensure people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. Staff demonstrated a clear understanding of people's social and cultural diversity. Staff were knowledgeable about people's beliefs, preferences, and language and other communication needs.

People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us that information could be made available in a range of different formats, including large print, braille and audio. People's care plans were available in a pictorial format.

People and relatives told us they felt able to make a complaint if necessary and said they would speak to the staff in the office or their carer. One person said, "There's a leaflet in my folder about complaints. I've never had one though." People and relatives said they'd received a positive response when they had raised concerns with staff. They said they'd been listened to and action taken to resolve any issues. One person's relative said, "The leaflet is in [family member's] folder. We've never really made an official complaint, but we have spoken to them about one particular carer who [family member] didn't really hit it off with and they changed them straight away without any objection." Records showed that formal complaints were logged, investigated and followed up appropriately by the registered manager.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with district nurses and other healthcare professionals to ensure people had the care and support they needed. Staff told us that they were committed to ensuring people received high

quality care at the end of their life. One member of staff said, "It is a privilege to be the one to care for someone at the end of their life, an honour."

Good

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide positive care for people. The provider and registered manager described how the service aimed to work with people, to support them to be as independent as possible and live life as they wanted to. The management team and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered manager often worked directly with people using the service, covering shifts when required.

People and relatives were regularly asked for their opinion of the service they received. This was discussed during their care reviews and they were asked to complete an annual quality questionnaire. We saw copies of questionnaires that had been completed and they contained positive feedback. For example, one person's relative had written, "The care that [family member] receives is fantastic, they [staff] are all great with them."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. One member of senior staff said, "We have regular meetings, we've just had one about 'on call' and have come to an agreement about what to do." We saw that regular team meetings were held which covered a range of subjects, including, safe medicines practice, care records, health and safety and training.

Staff told us they enjoyed working at the service. Staff made many positive comments about the provider and registered manager and there was a positive sense of teamwork as staff in all roles worked together to provide people's support. One staff member said, "They [provider] are very supportive to work for. This is the best homecare company I have worked for, I've never had to complain about anything." Another member of staff told us, "[Registered manager] is good, very helpful." The provider ran a 'carer of the month award'. Staff were awarded a prize in recognition of the individual qualities they had displayed at work.

Quality assurance systems were in place. Audits were carried out by the provider, registered manager and senior staff across all areas of the service including, client care documentation, medicines and staff files. The registered manager signed off all people's care reviews to ensure that they had sufficient oversight of the views and care needs of people using the service. The provider audited the spot checks of staff to monitor staff compliance with policies and procedures. We saw that any areas for improvement were clearly identified and acted upon by the provider or registered manager.

Audits of medicines were in place. With regards to the concerns identified with medicines record keeping, the provider needs to ensure that staff follow current guidelines when completing people's personal and health information on MAR charts.

The provider was an active member of the local community. For example, they sponsored Radio - Melton Care Services; a local radio station for health and welfare alerts as well as other significant concerns such as adverse weather conditions.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked in partnership with other agencies in an open honest and transparent way to bring about improvement to the quality of care provided. For example, at the time of our inspection senior staff were working with the local authority to improve the systems in place to ensure they complied with the MCA. Staff also shared information as appropriate with health and social care professionals when necessary; for example, health professionals involved in commissioning care on behalf of people.

The management team were aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law.