Vopa Consulting Ltd

Melody Care Aldershot Ltd

Inspection report

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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

The inspection took place on 18 September 2018 and was announced, this was to ensure staff we needed to speak with were available. This was the first inspection due to the service being new so we could not gather any information from past reports.

Melody Care Aldershot is a domiciliary care agency; it provides personal care to people living in their own houses and flats. It provides a service to older and younger adults who may be living with a physical disability, a mental health condition, a learning disability or people living with dementia. At the time of the inspection, 85 people were using the service.

The service had a registered manager. 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.

There was guidance in place to protect people from the risks of harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered internally. The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm. Medicines were managed safely and administered as prescribed and staff had regular competency checks.

Staff ensured people were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People's needs had been assessed and they had a care plan to meet their identified needs. Staff were trained to support people with an array of health care needs, in line with recognised best practice. People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's needs. People were supported to eat and drink sufficient for their needs.

Staff worked both within the service and across organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professionals' guidance was followed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The service did not currently support any individuals who required assessments under the MCA.

People reported they were treated in a kind and caring manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

The service was responsive and involved people in developing their care plans, which were detailed and personalised to ensure their individual preferences were known. People's care plans had information about people's care needs, their wishes regarding independence and any risks identified and how to minimise these. If a person's needs changed then their care plans were updated immediately.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of the support people received were effectively monitored and any identified shortfalls were acted upon to drive continuous improvement of the service.

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.

Medicines were managed safely.

People were protected from harm and staff received training to be able to identify and report abuse.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

Is the service effective?

Good

The service was effective.

People had comprehensive assessments done and care plans were created from these to ensure care was individualised and person centred.

Staff received comprehensive training and ongoing support in their role.

People had access to healthcare services as required and staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and preferences.

People's complaints and concerns were investigated and dealt with thoroughly.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture that was open inclusive and empowering that achieved good outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service.

Incidents were used as learning opportunities to drive improvements within the service.

Melody Care Aldershot Ltd

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 18 September and was announced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with 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. We also reviewed information contained within the provider's website.

We spoke with 11 people and one relative. We spoke with five care staff, the registered manager, deputy manager, learning and development manager and the operations manager. We reviewed six people's care records, which included their assessments, care plans and risk assessments. We looked at five staff recruitment files, supervision logs and training plans.

We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, and minutes of staff meetings. We considered how people, relatives and staff members comments were used to drive improvements in the service.

Good

Is the service safe?

Our findings

People and staff told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. When people were asked if they felt their care kept them safe they responded, "Very, I couldn't ask for a better service, they make breakfast help me dress and wash. I have the same lady morning and night." "Carers take care of both myself and my [loved one], we have no concerns about safety, my [loved one] has two carers at a time-they are very good girls." One relative told us, "Very happy with my [loved ones] care really pleased, we don't have any problems with safety."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, what to look out for and how to report concerns if they had any. Staff had not seen anything which caused them concern, but they were confident any concerns would be handled effectively and promptly by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation.

The registered manager told us there had been no safeguarding concerns. However, the registered manager showed us the provider's safeguarding policy which detailed the process that would take place should there be a safeguarding concern. This was to report to and liaise with the local safeguarding authority and notify the CQC as required by the regulations. Suitable procedures and policies were in place for staff to reference. Staff were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment. Details of how to minimise these risks were recorded in people's care plans. Relevant information such as whether people had a key safe was recorded for staff's information.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There were enough staff to safely meet people's needs. There was no use of agency staff, if required staff worked extra hours or shifts to cover any sickness or holidays. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were appropriately trained and regularly assessed for their competency of administering medication.

We looked at the Medicines Administration Records (MAR) for people who required assistance with taking their medicines. The provider had recently introduced a robust electronic system that alerted them if any medicines had been missed or were late. The records contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. We noted that there were no unaccounted-for gaps in people's MAR charts.

Staff had completed infection control training, in accordance with the provider's policy. The staff we spoke with were aware of their responsibilities with regards to this and the importance of it. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible from the office when more was required.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded incidents and accidents so that they could be recorded and analysed for any trends or patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

People told us that they received care and support that met their needs and that choices were given to them about the care they received. When we asked people and relatives if they felt the service was effective, one person told us, "Most definitely, they know exactly what to do and how I like things done." One relative told us, "They are skilled enough and very supportive. [Loved one] is not always easy."

Assessments were carried out prior to people receiving care. People's needs were identified with their input and a person-centred care plan created. Reviews of care plans were carried out regularly. People's care plans included information on any healthcare concerns, nutrition and hydration requirements, risk assessments for example, regarding manual handling. The number of staff required for assisting people when receiving help with being moved or for personal care was included in people's care plans. Care plans also contained information regarding people's medicines.

New staff completed an intensive induction programme. The training consisted of face to face training, shadowing staff delivering care, e-learning training and competency checks, before directly working with people. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed regularly and discussed in regular supervisions.

The recently appointed learning and development manager arranged a comprehensive training programme for all staff and kept an electronic schedule to keep track of when training was last undertaken and when refresher training was next due. This ensured that people were supported by staff who were competent and therefore able to provide safe and effective care. There was some external training delivered. The provider had introduced 'flash cards' for staff to carry with them to refer to if needed, for example; signs and symptoms of sepsis which is a serious complication of an infection, , or actions to take if staff suspected a stroke. Due to the training programme recently being reviewed, some staff files showed that training was out of date but the provider showed us evidence that these were booked in to be completed imminently.

Some people required support with preparing meals. Staff were trained in food health and hygiene and promoted a balanced diet and encouraged people to drink fluids. People who required it, had a food and fluid chart to monitor their intake. If staff had concerns regarding a person's diet or hydration needs had been discussed with management who then liaised with the GP, dietician and/or relatives.

The registered manager involved a range of external health and social care professionals in the care of people if this was appropriate, such as: community nurses, social workers and GPs. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

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.

People were asked to sign their consent to the care provided, which records confirmed. The registered manager told us all of the people they provided care for had the capacity to consent to their care. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care. Staff had received training in MCA and understood their responsibility to protect people's rights.

Good

Is the service caring?

Our findings

People told us that staff treated them with care, respect and dignity. One person told us, "most of them are very caring. They keep me covered up and help me get up when they give me personal care." One relative told us' "They are very discreet, [loved one] never complains about their dignity."

The registered manager told us they had a staff team they found to be caring and compassionate. They told us, "The team are great, they really care and help each other out to ensure the people they work with get the best care possible and no one has missed visits if there is staff sickness. They help each other out." Staff told us they had enough time with people. One staff member told us "People [staff] do genuinely care, do all that is best for our clients."

People had consistency of staff where possible so they could build a professional relationship and trust with them. Where there was a change in staff, there was a period of time when the new staff went out with the current care worker to make the transition less disruptive. People received calls from their care worker or the office to let them know if there was going to be a delay in their call.

Staff told us about people in a way that showed care and compassion. One member of staff told us, "We all just want the best for people and we all really care. We all help each other out too."
One relative told us " Staff are very friendly, they always have a laugh with [loved one], they know [loved ones] needs well."

People and relatives told us they were involved in their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the registered manager, who made the necessary changes in the care plan. One person told us, "There have been a few changes to my care plan when changes are needed, the girls tell the office." Relatives consistently confirmed they were involved in their loved one's care plans.

People told us they felt they were treated with dignity and respect. People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights. Staff and people confirmed that people's independence was respected and encouraged. One person told us, "Yes she [staff] always gets me to do things for myself which is my choice, but always offers help too."

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive and met their needs and preferences. One person told us, "I wanted to start to do some exercises, they (staff) were very encouraging and helped me look in to it."

Staff told us how they delivered care that met people's changing needs or circumstances. One staff member told us, "I have often had to call the office, or a health professional to let them know about a person's needs changing." When asked whether people's changing needs were responded the majority of people asked agreed that they were.

People were involved in the planning of their care. Everyone we spoke with confirmed this. Where appropriate people's family were also involved, this was evidenced in people's care files. One relative told us, "My [loved one] and I are both fully involved in the care and support [loved one] receives."

People's care plans were reviewed regularly, or if their needs changed more frequently. People's care plans had information including their care needs, as well as their wishes regarding independence. The registered manager told us, "All staff are aware of people's needs and know them well, if they feel that a care plan needs updating before the review they call the office and we review it."

People and their families were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure with people and their families who were new to the service. She told us, "People are given information on how to complain and we make sure they know they can call the office at any time if they are not happy with their care in any way." People confirmed this was the case. People were confident that any complaints would be dealt with appropriately. The service had not had any recent complaints.

At the time of inspection, the service was not providing end of life care to people. The registered manager confirmed that if they did support a person at end of life care, that the care was delivered in conjunction with specialist palliative care nurses.

Good

Is the service well-led?

Our findings

Staff and people were mostly positive about the management of the service. They described the registered manager as being supportive and approachable. One person told us, "The management are always helpful and supportive." "One person told us, "They send out a schedule but it gets changed quite often." One staff told us, " I'm a lot happier here, I feel listened to here, if you have any concerns the managers support me."

There was a clear vision to provide a good standard of care and support, based on the values of the service, which included respect, reliance and kindness. The provider had recently introduced these new values and workshops were being delivered to staff in line with them. When we spoke with staff it was evident they worked within the provider's values.

There was a strong governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a team that consisted of a deputy manager, administrator and care staff. The provider also had a senior management team consisting of a training and development manager, operations manager, people and culture manager and a marketing manager who supported the providers other services also. Regular management meetings were held to monitor and improve the service.

The registered manager fostered a culture where they cared and valued staff. This was evident when we were told about some examples of staff incentives that had been offered, including Christmas hampers and childcare vouchers.

There was a quality assurance system in place; this included regular audits. Topics covered were infection control, medicines management, support plans, and observations and spot checks on staff to assess continued competency. The registered manager also completed reports to consolidate this information, which fed into a business improvement plan to capture and monitor improvements and the progress. Audits on staff files had not been effective on picking up inconsistencies in one staff file. The provider was in the process of improving their systems to monitor this.

The provider valued people's feedback regarding their experience of the care provided. People were asked three times a year to give online feedback through a third party so this could be anonymous. People could also provide feedback through a questionnaire. This enabled people and their families to express their views as to any changes that could be made to the service.

Staff meetings and supervisions allowed staff members to raise any ideas or concerns. This meant they could express their views on the service and to be informed of updates. The registered manager adopted an open-door policy and staff felt confident they could speak with the registered manager if they had any concerns and that they would be dealt with effectively.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause

and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people. There had been no recent incidents.

There was evidence of partnership working within the service. Community nurses and occupational therapists attended regularly. There was open communication with other agencies and where the service had concerns about a person this was communicated to the relevant healthcare professional.