

HomeCare (Mellor) Limited

Homecare (Mellor) Limited

Inspection report

336 Whalley New Road
Blackburn
Lancashire
BB1 9SL

Tel: 01254689981

Website: www.homecaremellor.co.uk

Date of inspection visit:

10 July 2019

11 July 2019

Date of publication:

06 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Homecare (Mellor) Limited is a domiciliary care service providing personal care and support to older people, people with a dementia and people with physical disabilities living in their own homes. At the time of the inspection 152 people were receiving care and support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

People told us they felt safe with the service. However, thorough recruitment practices had not been carried out before staff started work. Managers on duty took immediate action to make improvements and ensure ongoing progress was made. We have made a recommendation about staff recruitment. Staff had received training on safeguarding adults at risk. They were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

There were enough suitable staff available to provide care and support; staffing arrangements were kept under review. Staff followed processes to manage people's medicines safely. Health and safety was monitored and risks to people's individual well-being were being assessed and managed.

Processes were in place to find out about people's backgrounds, their needs, abilities and choices before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported as appropriate with their healthcare needs. They were given support as necessary with meals and drinks, healthy eating was monitored and promoted. The provider ensured staff had access to ongoing training, development and supervision.

People made positive comments about the staff and managers. One person told us, "They are very efficient and reliable." Staff knew people well and were respectful of their choices. People's privacy and dignity was respected. People were encouraged to be independent as possible.

People received personalised care and support. They were involved in managing their care and ongoing reviews. Processes were in place to support people with making complaints.

Management and leadership arrangements supported the effective day to day running of the service. The provider used a range of systems, to regularly monitor and improve the service. There were processes to consult with people about their experiences of the service and make any improvements.

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

Why we inspected

This was a planned inspection based on the rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Homecare (Mellor) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and sheltered housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not on duty at the time of the inspection.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager or another manager would be in the office to support the inspection. Inspection activity started on 10 July 2019 and ended on 11 July 2019. We visited the office location on both dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority commissioners of service and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke by telephone with seven people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the training manager, care coordinator, human resources manager, senior care workers and care workers.

We reviewed a range of records. This included nine people's care records and some medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including training records and improvement plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and people had not been adequately protected from avoidable harm.

Staffing and recruitment

- The provider's staff recruitment processes were not robust. Effective pre-employment checks had not been completed. Health screening assessments had not been carried out, references had not always been appropriately sought from previous care settings. Records were not available of assessments on declared convictions, including how any risks were to be managed. Reasons for leaving previous employment had not always been clarified. During the inspection, the managers on duty took immediate action to make improvements and to ensure people were better protected in the future. However, we were concerned progress would not have been made without our intervention.

We recommend the provider refers to the law and current guidance on staff recruitment and take action to sustain their practice accordingly.

- The provider ensured enough staff were available to support people to stay safe and meet their needs. People told us, "They have never missed a visit," "They always let me know if they are going to be late" and "Oh yes they are very good with timings."
- Managers described the processes for deploying staff in response to people's commissioned needs. Systems showed how staff rotas were arranged and kept under review. Staff said, "I have enough time to spend with people" and "We have enough time [for travelling] between visits."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse, neglect and discrimination. Staff supported people safely and respected their individual needs. People told us they felt safe with the service, their comments included, "I definitely feel safe with the carers. There's no shouting or anything like that," "I feel safe with them. I trust them and that's a big part of things" "I never feel uncomfortable with them. They are always pleasant" and "I do feel safe with them. They have to hoist me and they are very good with this."
- The managers and staff were aware of safeguarding and protection matters. Staff had received training on adults at risk and moving and handling people.
- The provider had policies and processes to safeguard adults at risk, including reporting procedures in line with the local authority's protocols.

Using medicines safely

- Staff supported people as required, with the proper and safe use of medicines. One person told us, "They are very keen to make sure I have my tablets. They do help me when needed."
- Staff providing support with medicines had completed training and their competence had been assessed.

Medicine management policies and procedures were accessible to staff.

- Staff recorded in medicines administration charts as necessary. Senior staff regular checked and audited medicine management records and practices.

Assessing risk, safety monitoring and management

- The provider had systems to help protect people from avoidable harm. Senior staff completed assessments to identify and manage individual risks to people's wellbeing and safety. Staff were aware of the risks assessments and described how they kept people safe.
- Staff supported people as appropriate, in maintaining a safe and secure environment. Initial and ongoing health and safety checks were completed and staff monitored the servicing of equipment they used.

Preventing and controlling infection

- Staff supported people as required, with the prevention and control of infection. One person said, "I get support with cleaning. They do a great job I can't praise them enough." Staff had received training on infection control and food hygiene. They had access to personal protective equipment.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people.
- Managers and staff fulfilled their responsibility to report and record, accidents and Incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had processes to assess people's needs with their involvement. Managers described how people's needs were initially assessed. This involved meeting the person and gathering information from them and from appropriate others.
- People explained how they had been involved with their assessments. Care records included the services' initial assessments and from social care professionals. People said, "They came and asked questions and looked around the house," "They came to do an assessment" and "They asked questions and went through things. I am happy with the care plan they set up for me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People who used the service had capacity to make their own choices and decisions. Staff understood the importance of gaining consent and promoting people's rights and choices.
- The provider used the care planning process to screen people's capacity and monitor changes in support needs and decision making. People had signed to show agreement with their support plans and they had consented to care. They said, "They know how I want things done, but they always ask me," "The staff will always ask before they do things" and "I have signed the care plan."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Managers and staff liaised with healthcare professionals as necessary, to respond to people's needs. Care records contained information about people's medical history, health needs and contact details of healthcare professionals.
- People told us they were satisfied with support they received with health-care. Their comments included "They will ask me to get the district nurse or advise me to ring the GP. It's a good thing" and "They are very careful to monitor my skin and would contact the district nurse if needed. "
- Staff shared appropriate information with healthcare professionals, when people moved between and accessed other services. This helped to make people's needs were known, so care was provided consistently.

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

- Staff supported people to eat and drink in response to their assessed needs. They were aware of encouraging choices, healthy eating and promoting good hydration. One person said, "They make my breakfast, lunch and tea. They ask 'what are you having today' and they encourage me to drink water."
- The provider ensured specific dietary requirements were known, including any health needs, cultural or religious preferences. When necessary, people's food and fluid intake was monitored more closely and specialist advice sought.

Staff support: induction, training, skills and experience

- The provider had arrangements for staff to develop their skills and knowledge, to deliver effective care and support. New staff completed an induction training programme. People told us, "New staff always come with someone who is experienced, so there is always someone who knows what they are doing" and "They are trained. They are not allowed out on the own unless they have had the training."
- The provider employed a qualified training manager. The location office included facilities and equipment to deliver training. There was ongoing refresher training and staff were supported to achieve, nationally recognised qualifications in health and social care. One person commented, "They know what they are doing. They are very efficient and reliable." Staff confirmed they had access to ongoing training, regular one to one supervision meetings and an annual appraisal.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect, compassion and kindness. People told us they liked how the provided their care. They said, "They are very good, kind and gentle," "Their attitude is very good" and "They are compassionate, very professional and approachable."

- Staff and managers knew people well, they were aware of their individual needs and preferences.

Respecting people's human rights, equality and diversity was reflected in the care planning process. Care records included people's background history, their likes, dislikes and how they wanted things done. People said, "They treat me as an individual," "They know me quite well," and "We are all different and have our own views. I am a person in my own right and they support me with things how I want."

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

- People were involved with planning their care and were consulted on daily living choices. People described how staff encouraged them with practical decisions, for example choosing clothes, meals and personal care preferences. Their comments included, "They ask me and will do anything I want," "They involve [my relative] and explain what they are doing" and "They don't take over."

- Care coordinators devised staff rotas to ensure people had their agreed time for care and support. Staff said they didn't feel rushed with their work schedules and usually had time to listen to people and respond to their requests. People said, "We often have a good chat, they are very friendly," "They sit down and talk" and "Most [carers] find time to have a chat with us."

- The provider had supplied people with an information guide. This described what people could expect from the service and therefore promoted their rights and choices. Included were various contact details and information on other organisations offering support.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, their privacy and dignity respected. Staff enabled and supported people's independence. People told us, "They keep me going," They encourage [my relative's] independence and "They let me do things for myself, they are very keen with that. But they do help when needed."

- Staff explained how they protected people's privacy and dignity, by respecting them and their homes. People told us, "They are respectful to me and they respect my privacy," "They don't talk down to me, or anything like that," and "They treat [my relative] with respect."

- The provider had arrangements for people's personal information and staff records to be stored securely they were only accessible to authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that was responsive to their needs and preferences. Each person had a care plan which was designed to meet their needs. Staff worked in small teams to provide continuity care and support.
- People had been involved about the content of their care plans and ongoing reviews. They told us, "I have a care plan, I can read it. It includes what it should. Everything I need they do and they write down everything they do," "We have a copy of the care file. It definitely reflects [my relative's] needs. The carer's check the file to see what's needed" and "They came out to review and update the care plan."
- The provider used technology to effectively respond to people's needs. This included a visit planning and call monitoring systems. There were on-line communications systems to share relevant information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged as appropriate, with chosen activities and community engagement. Staff sought and recorded people's interests and responded to their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. Staff communicated with people, using ways best suited to their individual needs. The manager said written information could be provided in various accessible format if required.

Improving care quality in response to complaints or concerns

- The service listened to and acted upon, people's concerns and complaints. The provider's complaints procedure was included in the guide to the service. It gave directions on making a complaint and how it would be managed.
- People indicated they would feel confident in speaking up if they had concerns or, wished to make a complaint. One person said, "If I had a complaint I would contact the manager the details are in the file."
- The provider's complaints recording process was inconsistent. We could see how some complaints had

been received and dealt with. However, some records had not been collated to provide a clear audit trail of how the concerns were investigated, managed and resolved. The managers on duty took action to make improvements.

End of life care and support

- The provider had processes in place to support people, when required with end of life care. Some staff had completed training in end of their life and further training was planned. The service worked with other agencies as appropriate, when responding to people's specific end of life needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

Continuous learning and improving care;

- The provider had processes to achieve compliance with the regulations. Managers and staff used various checking systems to regularly audit processes and practices, including spot checks on staff conduct, monitoring accidents and incidents, staff training, care plans and medicine management. Any shortfalls were identified and managed, to achieve timely improvements.
- Although we found shortfalls with staff recruitment, timely action was taken to make improvements during the inspection. We were also assured the revised recruitment procedures and checking systems would ensure continued safe practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management arrangements provided effective leadership and direction. People were treated as partners in managing their individual support. They told us, "I am more than satisfied and I'm happy with the service," "The care is one hundred per cent. I don't think they could improve things" and "They are all good friends I can't fault them."
- Staff told us, "All the management are brilliant. They are very approachable and supportive" and "I think it's a well-run service. Teamwork and communication is good."

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

- The provider had processes to reinforce and convey a person-centred approach. Organisational policies and regular refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions, codes of conduct, contracts of employment and a staff hand book, outlined staff roles, responsibilities and duty of care.
- The managers and staff expressed a practical understanding of their role to provide effective support in accordance with the provider's expectations and the law.

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

- People were consulted on their experiences of the service and could influence improvements. Staff actively involved people and their relatives in reviews of their care and support plans.
- The provider carried out consultation surveys with people. One person explained, "Every so often they come to do a review and ask if we are happy with things." The results of the last surveys had been collated

and the responses were acted upon and used to influence forward planning.

- Staff meetings were held; various work practice topics had been raised and discussed. A suggestion box was provided at the location office. Staff told us their ideas and views were listened to and acted upon.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and acted upon their duty of candour responsibilities, by promoting a culture of openness and honesty. The managers and staff were open and transparent in their response to the inspection process. Managers were aware of duty of candour expectations, including informing people truthfully about any untoward incidents and offering an apology.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses.