

Melton Care Services Limited

Melton Care Services

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

This inspection took place on 27 and 29 November 2018 and was announced.

This was the first comprehensive inspection carried out at Melton Care Services since they registered with CQC in August 2017.

Melton Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. On the day of our visit, they were providing care for 50 people.

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 and associated Regulations about how the service is run.

The provider had systems in place to assess and monitor the quality and safety of the service; they acted upon their findings and used the learning from these to drive improvements.

People's risks were assessed and reviewed regularly or as their needs changed; people received their care as planned to mitigate their known risks.

People received care from staff they knew most of the time. People received care from staff that had received training and support to carry out their roles.

Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a

complaints system in place and people were confident that any complaints would be responded to appropriately.

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's risks assessments were reviewed regularly or as their needs changed.

There were enough staff deployed to meet people's needs.

The provider followed safe recruitment procedures.

People received care from staff that knew how to safeguard people from abuse.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good ●

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures they followed to manage complaints.

The manager planned to discuss people's needs relating to end of life care.

Is the service well-led?

The service was well led.

There was a registered manager who understood their roles and responsibilities.

The provider had systems in place to monitor and assess the quality and safety of the service and took action to continually improve the service.

People were asked for their feedback regularly.

Good ●

Melton Care Services

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 checked 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 announced comprehensive inspection took place on 27 November 2018 by two inspectors and telephone calls were made to people using the service and their relatives on 29 November 2018 by 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 had previous knowledge and experience of home care services.

This was the first comprehensive inspection.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection we asked for 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. The provider submitted their PIR in June 2018. We took this information into account when assessing the service.

During this inspection we spoke with six people using the service and four relatives. We spoke with five staff including the registered manager, and two senior staff, one care staff and one quality control staff. We also contacted the local authority that commissioned people's care who told us they had no concerns.

We looked at the care records for three people using the service including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included two staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring information.

Is the service safe?

Our findings

People told us they felt safe receiving care from Melton Care Services Limited. One person told us, "If something isn't right I feel able to say." Staff had received training in safeguarding vulnerable adults, one member of staff told us, "I'd report any concerns to my manager or the co-ordinator." The registered manager had raised safeguarding alerts promptly and followed their systems and policies to investigate any concerns as required to do so by the local safeguarding authority.

People's risks had been assessed and reviewed regularly or as people's needs changed. Risk assessments reflected people's needs, for example, their mobility. People's care plans provided staff with clear instructions on how to reduce the known risks. For example, staff received instruction on the equipment required to support people to mobilise. One relative told us, "[Name] uses a tracking hoist. Staff do seem well trained with the hoist." A member of staff told us staff informed the office of any changes to people's care needs, they said, "All information is updated straight away."

People received their care as planned. One person told us, "I have the same one or two carers [staff]. They [staff] are mainly on time and always stay for the full time. They have never missed a visit." Staff rotas showed most people received care from the same team of staff on most days. One member of staff told us, "The rotas include travel time, staff log in at each call so we know they have arrived, and the time they leave." The registered manager had plans in place to assist staff to reach rural areas in adverse weather.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Where people required care staff to assist them, staff recorded when they had administered their medicines. One relative told us, "They [staff] only occasionally may have to put cream on. They [staff] write it all down on the sheets they have." People had received their medicines as prescribed. Staff had received training in the administration of medicines and their competencies had been checked at spot checks.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Staff used personal protective equipment such as gloves and aprons when providing personal care and washed their hands before and after providing care. People confirmed this, for example, one person told us, "They bring gloves with them and they dispose of the gloves in a plastic bag."

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. For example, the registered manager shared the learning from staff at team meetings where they had asked staff 'what was going well, and not well?'. The registered manager had responded to staff feedback and improved the travel time between calls.

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before receiving care from Melton Care Services Limited. The registered manager visited people in their homes to assess their needs and create a plan of care; this was updated as they got to know people or as their needs changed. One person told us, "[Senior staff] came, they went through my care plan with me when I came out of hospital. I do feel they listen and involve me in every decision." People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

People received care from staff that had the skills and knowledge to meet their needs. People told us they believed staff were trained to meet their needs. One person told us, "They [staff] seem well trained which helps me feel safe." Staff received training in providing personal care, this included moving and handling, first aid, safeguarding and medicines management.

Staff were pleased with the training they received, one member of staff said, "We get refresher training, this week's training includes safeguarding. We have the option to do other subjects like dementia and end of life care." Records showed that new staff had received an induction which included time to shadow more experienced staff. Staff received regular supervision in the form of spot checks, where the supervisors also checked staff competencies.

People who required assistance to make their meals received care from staff that had received training in food safety. Staff were allocated to people at regular intervals to allow people to have their meals at regular times. People told us they received their meals as planned. One person told us, "At lunchtime they [staff] visit and make me a hot meal. They heat a ready meal which I choose and they stay with me and clear up after. They [staff] then make me a hot drink and leave me that, water and a sandwich for 5pm. I'm very pleased with them." Staff reported any concerns about a change in people's appetite to the registered manager.

Staff reported any changes to people's behaviour or health to the registered manager; who contacted people's family or GP. One relative told us staff knew what to do in an emergency, they said, "[Staff] was very helpful and called for an ambulance for me and stayed with me until they arrived." Staff had information about the signs and symptoms to look out for with people's medical conditions, for example people living with Parkinson's disease.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the

principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

The registered manager understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. People told us they had given their consent to staff.

Is the service caring?

Our findings

People were very happy with the care and support they received. People told us staff were kind, one person said, "They will chat and that's important as they may be the only people I see all day." People had formed a good relationship with staff. People told us staff had got to know them well, one person told us, "Some [staff] show a real interest in me as a person and we share stories."

Relatives were also happy with the way staff supported their relatives, one said, "They [staff] are always talking and having a laugh with [Name]." Another relative told us, "[Name] is very happy with Melton Care Services Limited. [Name] has dementia and I think they [staff] understand and are cheerful and bright around [Name] which they respond to. [Name] likes that and staff chat and check they are ok." People had varying levels of communication skills and abilities. Staff had taken time to get to know people to enable them to understand unclear speech and hand gestures.

People's privacy and dignity were maintained. People told us they felt the staff helped them to maintain their dignity. One person told us they felt respected, "They [staff] are careful how they shower me and help me dry, they wrap a big towel around me and help me dress. I feel that I am in charge of things, I make the decisions." A relative told us, "They are really very nice and [Name] really likes them [staff], they are kind and respectful."

The provider had policies and procedures which took into account people's diverse needs. People told us they did not experience any discrimination. People's preferences were respected. One person said, "They did ask me which gender of carer I preferred and I said I didn't mind." Another person described how staff supported their choices daily, they said, "I can't reach into the wardrobe for my clothes but I decide what to wear."

There was a person-centred approach to the service offered and how the service was run. People's care plans demonstrated how the supervisors had taken time to get to know them and involved them and their families in planning their care. This included their interests and their needs; the care plans were adapted to meet people's individual needs

Staff respected people's confidentiality. One person told us, "They [staff] never talk about other people- they aren't allowed to." There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw people's files were kept secure in filing cabinets and computers were password protected to ensure information about people complied with the Data Protection Act.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. People told us they were involved in their care planning.

People's care plans had been reviewed as their needs changed. One person said, "One of the senior carers came out, we went through the care plan. There were one or two things on the original care plan that had changed." Relatives told us they had copies of the care plans kept at their relative's homes. One relative told us "[Name's] care plan has been reviewed three or four times. They [the supervisors and staff] are very approachable and open. They also write about each visit and its quite a detailed thing they write."

Staff received regular updates about changes in people's care needs. The registered manager maintained an on-call system for staff to call in case of emergency or concerns outside office hours. The details of the calls were recorded and acted upon appropriately. Daily records were maintained to demonstrate the care provided to people.

People's care plans were person centred, identifying people's background, preferences, communication and support needs. People told us the care and support they received met their needs. People told us staff promoted their independence, one person told us, "The carers have helped increase my independence. They have encouraged me to walk without pushing me. They are gentle and wait to see what I want."

The provider had developed a policy to identify individuals with information and communication needs to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint. People told us they had not had to make a complaint and the registered manager told us they had not received any complaints in the last year. One person told us, "If I had a complaint I would contact [supervisor] and if she couldn't resolve it I would phone [registered manager] but I've never had reason to complain." The provider had a complaints procedure the registered manager would use if there were any complaints.

People had not had the opportunity to discuss what it meant to be at the end of life or make their preferences known in an advanced care plan. The registered manager planned to work with health professionals to understand whether people wished to remain in their homes or receive care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

There was a registered manager who had managed the service since it registered with the Care Quality Commission on 9 August 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 understood and carried out their role of reporting incidents to CQC.

The provider had systems and processes in place to assess and monitor the quality and safety of the service. They carried out audits of key areas of the service, such as care plans, medicines and staff spot checks. Where they had identified issues, action plans had been devised with the registered manager and completed in a timely way.

Staff respected the registered manager and told us they wanted to ensure people received the best care. One member of staff told us, "I am proud to work for Melton Care, they [staff] are all nice, like a family." Another member of staff told us, "[Registered manager] is approachable and very supportive. I love my job."

The registered manager had carried out feedback surveys. The results from these surveys demonstrated that people's issues had been resolved and people were increasingly happy with the level and quality of care they were receiving. One relative told us, "I do feel they [registered manager] involve us and they do communicate what is going on in the organisation."

Staff had attended team meetings regularly. The registered manager recognised the importance of involving staff in running the service; staff were encouraged to share experiences and ideas. Staff told us they felt valued and part of a 'listening' team which helped to drive improvement. One member of staff said, "At team meetings we share learning, it's brilliant. The morale is good, we work well together."