

Vopa Consulting Ltd

Melody Care Alton

Inspection report

18-20 Market Street
Alton
Hampshire
GU34 1HA

Tel: 01420613121

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13 February 2017

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Ratings

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

Overall summary

The inspection took place on 13 February 2017 and was announced to ensure staff we needed to speak with were available. Melody Care Alton is registered to provide personal care to older people living in their own homes. They provide a service to people living with dementia, people with a learning disability, people with a mental health diagnosis, people with a physical disability and younger adults. At the time of the inspection there were 33 people receiving the regulated activity of personal care.

The service had two registered managers, one of whom was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us staff kept them safe. Processes were in place to safeguard people from the risk of abuse. Staff had undergone relevant training and understood their role and responsibility to safeguard people.

People and their relatives said staff had a good understanding of any risks to them and how to manage these safely. Risk assessments were in place; which staff were familiar with. Staff had undergone relevant training to ensure people were supported with their care safely.

Staff's experience and skills were taken into account when matching staff to people to ensure people were provided with sufficiently skilled staff to meet their needs. People and their relatives informed us care was provided at the preferred time by regular care staff. The provider had robust recruitment systems in place to ensure the recruitment of suitable staff.

Medicines were administered to people by appropriately trained staff. The provider's electronic care records system ensured staff had access to up to date information about peoples' medicines and alerted them and office staff if a person's medicines were missed or not signed for, to ensure appropriate action was taken.

Staff underwent an induction to their role when they commenced work with the provider. They undertook a range of relevant training and were encouraged and supported to undertake professional qualifications. Staff underwent regular spot checks and supervision to support them and ensure their work with people was of the required standard.

Staff had undertaken Mental Capacity Act training and had access to relevant guidance in the event they needed to assess a person's mental capacity in relation to the making of a specific decision. People and their relatives confirmed staff sought people's consent for their care.

Staff ensured people ate and drank sufficient for their needs. Risks to people associated with eating had been identified and addressed for them. Staff supported people where required to ensure their health care

needs were met.

People and relatives all told us that people experienced very caring and positive relationships with the care staff; with whom they had developed a good rapport. People were cared for by staff who were interested in them and cared about them. People's records demonstrated and staff confirmed that people were consulted about decisions in relation to the provision of their care.

People and their relatives confirmed people's privacy and dignity was maintained during the provision of care. Staff were expected by the provider to uphold people's privacy and dignity and understood how to achieve this for people.

People and their relatives told us people received personalised care; the provision of which they had been consulted about and which met the person's needs. People's care needs were assessed, regularly reviewed with them and any adjustments made. People's independence was promoted in the provision of their care. Where either the person or the commissioner had requested that the person was provided with opportunities for social stimulation then staff ensured this need was met.

Processes were in place to seek people's feedback and action was taken to address any issues raised. People and their relatives told us they had confidence in how any issues or complaints would be addressed.

Staff upheld the provider's values of equality, privacy, autonomy, dignity, respect and independence in the provision of people's care. The service was open, accessible and office staff were approachable.

People and their relatives provided positive feedback about the management of the service. The service had a clearly defined management structure which enabled staff to feel supported. People received their care from staff who were themselves valued and treated well by the provider.

The provider used a range of methods to monitor the quality of the service people received. Information received was used to improve people's experience of the service provided.

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 appropriate systems in place to ensure people were safeguarded from the risk of abuse.

Risks to people had been identified and managed safely whilst recognising people's rights to take risks where they wished to.

The service had a robust recruitment process which ensured there were sufficient and suitable staff to meet the needs of the people to whom they provided care.

People's medicines were managed safely by appropriately trained staff.

Is the service effective?

Good ●

The service was effective.

Staff were provided with the skills, knowledge and support to meet people's needs effectively.

People's consent was sought for their care and legal requirements were met.

People received appropriate support to ensure they ate and drank sufficient for their needs.

Staff supported people where required to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People experienced very positive and caring relationships with the staff who provided their care.

People were supported by staff to express their views and to participate in decisions about their care.

People's care was provided in a respectful and dignified manner.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives told us people received personalised care; the provision of which they had been consulted about and which met the person's needs.

People's needs for social stimulation were met where this had been agreed as part of the provision of their care.

Processes were in place to seek people's feedback and action was taken to address any issues raised by people.

Is the service well-led?

Good ●

The service was well led.

The provider promoted a positive and open culture where the delivery of people's care was based on clear values.

The service had good management and leadership at all levels. The provider valued their staff team and supported them.

The provider used a range of methods to monitor the quality of the service people received. Information received was used to improve people's experience of the service.

Melody Care Alton

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.

The inspection took place on 13 February 2017 and was announced to ensure staff we needed to speak with were available. The inspection was completed by an inspector.

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.

During the inspection we spoke with four people and six people's relatives. We spoke with two care staff, the branch manager, the deputy manager, the care co-ordinator and the registered manager. Following the inspection we spoke with a physiotherapist about the service provided.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

This service has not previously been inspected.

Is the service safe?

Our findings

People and their relatives told us people were kept safe. A person told us "Yes, staff keep me safe." A relative commented "The carers are protective and report anything."

Staff told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Records demonstrated staff had been issued with the provider's updated safeguarding policy at the staff meeting on 19 January 2017, to ensure they had access to up to date safeguarding guidance. There had been no safeguarding alerts made but the registered manager and the branch manager both understood their role and responsibility to report any safeguarding incidents for people.

Staff were required to wear a uniform when carrying out people's care calls and to carry their identification badge. A person confirmed to us "Staff wear the uniform." People also received a weekly copy of their roster providing details of the date and time of their call and the staff member who would be providing their care. This ensured people knew which staff were rostered to call upon them.

People and their relatives told us staff had a good understanding of any risks to them and how to manage these safely. A relative commented "Staff have a good understanding of the risks."

If people were unable to open their front door then they had a key safe to ensure their security. People told us "They (staff) use the key code safely." There was written guidance for staff, regarding what to do in the event they were unable to gain access to a person's home, to ensure the person's safety.

Risks to people associated with their environment, both externally and internally had been assessed. Records demonstrated and people confirmed that where people needed two staff to move or transfer them safely, this level of staffing was provided. People's records documented the equipment to be used to support the person and when it had last been checked. Records demonstrated staff had undertaken moving and handling training to ensure they understood how to move people safely. Staff also underwent a practical assessment of their moving and handling competency to ensure people's safety. A person told us "Staff walk with me when I use my frame." Risks to people associated with moving and transferring were managed safely.

Where people had been identified as at risk from the development of pressure ulcers, there was guidance for staff about how to manage this risk for the person. For example, through the application of a barrier cream. Risks to people had been identified and managed safely.

People's records demonstrated that where risks to them had been identified; these had been openly and honestly discussed with the person. To enable them to make an informed decision about whether they wished to take the risk. Staff recognised people's right to take risks.

There was an on-call number both people and staff could ring to request any assistance required. The care co-coordinator gave us an example of where they had been contacted by staff to assist with an equipment breakdown which had occurred in a person's home. They had arranged for this to be addressed for the person and stayed with them whilst it was attended to. Processes were in place to manage unforeseen incidents for people.

People and their relatives told us care was provided at their preferred time by regular care staff. A person told us "I have had the same group of carers for over a year." A relative said "The provider was very good and understood the need for her to have continuity of carers."

The registered manager told us office staff took into account staff's experience and skills to ensure people were matched with sufficiently skilled staff to meet their needs, which records confirmed. They had also just recruited a staff member whose role was to recruit new staff. This was to ensure that there was a focus on staff recruitment within the service and ensuring that there was a sufficient flow of new staff to meet peoples' needs.

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of references, full employment history, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was a written record of staff interviews to demonstrate what areas had been discussed with the applicant at the interview by the provider when assessing their appropriateness for the role. The recruitment process also included two psychometric tests, to enable the provider to assess candidate's suitability for the role. The provider had robust recruitment systems in place to ensure people's safety.

People and their relatives told us staff ensured people took their medicines as prescribed. Staff told us they had completed medicines training and had their competency to administer medicines safely assessed, which records confirmed. Staff had access to up to date and relevant medicines guidance. People received their medicines safely.

People were assessed for the level of support they required with their medicines, either prompting, assisting or administering, which was then documented to ensure staff understood the type of medicines support the person required.

People's medicine administration records (MARs) were recorded electronically on the provider's electronic care records system. Staff signed electronically to demonstrate what medicines they had administered to people. If care staff had not administered a person's medicines as scheduled they were immediately alerted to this on their phone, office staff were also alerted. The system had significantly reduced any likelihood of staff forgetting to administer people's medicines or not signing to say they had done so. Any changes to people's medicines were immediately updated onto the system by office staff. Staff then received an email to inform them of the change. This reduced the risk of medicine errors as staff had instant access to people's up to date medicines information.

Is the service effective?

Our findings

Staff told us and records confirmed they had completed a two day induction when they commenced their role with the provider to ensure they had the necessary skills to enable them to provide peoples' care effectively. Staff were then expected to complete training in the areas of: communication, record keeping, dementia awareness, diabetes awareness, diet and nutrition, diversity and equality, fire safety, first aid, food hygiene, health and safety, infection control, medication, the Mental Capacity Act (MCA), safeguarding and moving and handling. Staff were supervised during their induction at four weeks and then at the end of their 12 week probation. The provider had introduced the Care Certificate for staff who were new to care; which is a set of standards that social care workers should adhere to in order to deliver caring, compassionate and quality care. People received their care from staff who underwent a thorough induction to their role and received relevant training for their role.

The provider required staff to update their training every two years. In addition staff were supported with their professional development, Records demonstrated that of the 15 care staff, 11 had completed or were undertaking a professional qualification in social care. A person told us "Staff are knowledgeable." People's care was provided by staff who were provided with opportunities for professional development.

Staff told us and records confirmed they received regular supervision, either as a one to one supervision or a spot check upon their practical work with people. A person told us "A person comes from the office sometimes to watch the staff." In addition staff underwent an annual appraisal of their work to enable them to reflect upon their progress over the past year. Staff told us they felt well supported in their role by the provider.

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

People and their relatives all told us staff sought people's consent for their care. A member of the care staff told us "I always ask is it alright if.., you cannot presume (consent)."

Staff told us they had undertaken MCA training, which records confirmed and were able to demonstrate their understanding of the Act as it related to their role. Staff had access to policies and guidance in relation to the MCA. There were forms provided for staff to record the outcome of any assessment of a person's mental capacity if required.

The registered manager told us everyone receiving a service either had the capacity to consent to the delivery of their care or they had a Power of Attorney (PoA) to represent them. A PoA is a way of a person giving the attorney, the legal authority to make decisions on their behalf if they lose mental capacity, or no longer want to make decisions for themselves. The provider had documented this, and had either obtained

or requested a copy of the PoA; to enable them to assure themselves of what decisions the PoA was entitled to make. Where people's care had been commissioned on their behalf by Social Services (SS) or a Clinical Commissioning Group (CCG). The provider had obtained a copy of their assessment which indicated whether the person was in agreement with receiving a package of care. It also documented whether the person had the capacity to make their own decisions. Legal requirements in relation to consent were met for people.

People's relatives told us "They keep an eye on what she eats" and "They provide her with whatever she wants to eat." Risks to people associated with eating had been identified and addressed for them. For example, a person's records noted they required their food to be cut into small pieces to manage the risk of them choking. Where people required support to maintain adequate nutritional and fluid intake this was clearly indicated on their care plan. If people were at potential risk of weight loss, then there was written guidance for staff to monitor the person. Staff told us they recorded what people ate on the provider's electronic records system. Then if an issue was identified with the person's level of eating, this would be monitored. If people could not independently access a drink then staff were instructed to leave them with one. People received appropriate support to ensure they ate and drank sufficient for their needs.

A relative said "When I was away they looked after her health needs with the GP." Another relative told us that if ever their loved one experienced any sore skin then staff reported this to them and advised if the GP was required. Staff confirmed to us that they supported people to make health care appointments if required such as GP appointments. If people could arrange their own health care appointments then this was noted. Records demonstrated staff had booked GP appointments for people and liaised with hospital staff about their discharge. Staff worked closely with service commissioners such as Social Services and Clinical Commissioning Groups to co-ordinate the provision of people's care. Staff supported people where required to ensure their health care needs were met.

Is the service caring?

Our findings

People and relatives all told us that people experienced very caring and positive relationships with the care staff; with whom they had developed a good rapport. Their comments included "Yes, they are very nice. I feel that I can trust them." "Staff are very caring and kind." "Staff are happy. We have a joke and a good relationship." "It's heart-warming to hear the banter they (staff) have (with their loved one)." "The carers are lovely. They love her and like visiting her." "They (carers) are just good people." A physiotherapist also told us staff were very "Patient focussed" and "Prepared to go the extra mile for people."

The registered manager and the branch manager told us it was important people experienced continuity of care to enable staff to build a rapport with them and to understand their personal routine. This also enabled people to have sufficient trust in the care staff to be able to accept the care they required. Staff confirmed to us "We get regular clients with whom we build a relationship." They also received information about people's backgrounds so they could build a relationship with them.

The provider expected staff should show an interest in people as they provided their care. Records demonstrated that care staff were assessed as part of their spot checks on whether they took an interest in people's well-being. People were cared for by regular staff who were interested in and cared about people.

People and their relatives told us people were supported to express their views and were actively involved in decisions about their care. A person said "They seek my views." Another told us the provider had listened to their views about their care staff and changed a member of staff whom they had not taken to.

People's records reflected their views. A person's care plan noted 'I will inform the carers of what I would like to eat.' Although some people had a Power of Attorney in place staff had still noted if the person could be involved in some decisions and ensured this took place. People were supported to express their views within their abilities.

As part of the assessment process people were asked what would make a difference to them as an individual in relation to the delivery of their care and what was important to them. People were asked what outcomes they wanted to achieve through the service. These were then documented to ensure the person's views had been sought and were explicit. People were asked about any concerns they had and how these might impact upon the delivery of their care to ensure staff took them into account. People were consulted about decisions in relation to their care.

Staff told us how they involved people in making daily decisions about their care. One said "You offer people their care but if they don't want to receive it then you have to respect their wishes." Another commented "I always ask people what they would like to wear. If people are struggling I offer suggestions, I involve people in the decision." Another told us "I always ask people what they would like as people's preferences change."

Peoples' records documented any communication needs they had and how these were to be met. A person's care records noted for staff 'Speak clearly and concisely and at a level where I can see and hear

you.' Staff received relevant information to enable them to meet people's communication needs and to enable them to involve people in discussions.

People and their relative's all told us people's privacy and dignity was maintained during the provision of their care. Their feedback included: "They uphold my privacy and dignity." "They treat me respectfully."

The provider's code of conduct required staff at all times to respect and promote people's dignity and independence. Staff talked to us about the measures they took to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people privacy in the bathroom. The branch manager told us and records confirmed, that care staff were assessed on whether they upheld people's privacy and dignity as part of their spot checks. The provider regularly assessed whether staff upheld people's privacy and dignity in the provision of their care.

Is the service responsive?

Our findings

People and their relatives told us people received personalised care; the provision of which they had been consulted about and which met the person's needs. A relative said "If it wasn't for this care package she would be in a home." People and their relatives told us care was provided in an unrushed manner by staff who had a good understanding of the person's care needs. Their comments included "Definitely staff have a good knowledge of my needs." "They spend time (with person's loved one) and are not rushed." A physiotherapist told us staff worked well with people with complex needs. They told us staff ensured any plans of care were implemented and that staff were very flexible in their approach to meeting people's needs. A person confirmed to us staff had provided them with support with their exercises when they had required this assistance.

Once people or their relatives had made an initial enquiry, office staff met with them to assess the person's care needs with them. A person told us "Yes, my needs were assessed." A relative commented "We have gone through the care plan." Once the person's care had commenced, they received courtesy calls and then the service was reviewed with them or their representative after four to six weeks. In order to reflect with them how the initial period of care delivery had been and to identify any amendments required. People's care was then reviewed annually unless there was a change in their care needs when it was reviewed sooner. A person told us "There are regular reviews." People told us their care had been adjusted in response to their changing needs. A person told us their care package had been reduced when they no longer required the same level of care. A relative told us how the provider had arranged an additional staff member at short notice when their loved one was unwell and required two staff. People's care needs were assessed, regularly reviewed with them and any adjustments made in response to their changing needs.

People's care plans were individualised and thorough. They reflected people's choices and preferences about their care in addition to their needs. A person told us "The plan reflects my preferences." There was guidance for staff about what was important to the person about the delivery of their care and why. For example, if bathing was a therapeutic process for the person this was stated to ensure staff appreciated the need not to rush and to enable the person to have the time to enjoy the experience. People's records also noted which aspects of their care delivery they did not like and how this could be managed for them. People's care plans reflected their preferences regarding how they wanted their care provided.

People received consistent, personalised care. Where applicable the provider had worked with commissioners to identify what people's care needs were and to plan how these would be delivered to meet their needs. Where it was important for people to receive consistent support from staff who had undertaken additional training to enable them to be able to meet the person's individual care needs, this had been arranged. The service provided was individualised and responsive to people's needs.

People's care planning encompassed their whole life. If either the person or commissioners had requested that the person was provided with opportunities for social stimulation then staff met this need. People received staff support to undertake regular planned therapeutic activities and outings. A relative told us staff took their loved one out once a week to visit their family and places of interest. People were supported to

undertake activities that met their interests.

People's independence was promoted, their care plans reflected what they could do for themselves and what areas they required care staff's assistance with. For example, a person was able to initiate a task but not complete it, so staff were instructed to complete the task for them. This enabled the person to retain as much independence with this aspect of their care as possible. A person told us "They respect my wish to be independent."

The provider had recording processes and systems in place to ensure the smooth delivery of the service. However, the registered manager was very aware of people's individual rights and preferences about their care. They provided an example of where they had identified, respected and accommodated a person's preferences in relation to the recording of their care delivery. Although this had presented additional challenges for the staff, the person's wishes had been met.

People and their relatives told us they had confidence in how any issues or complaints would be addressed. Their feedback included: "I just ring up about any issues." "Any complaints would be dealt with." "I could raise any issues."

The provider had a complaints policy and staff understood their role in supporting people to make a complaint if required. Records showed two verbal complaints had been received; in both cases the complaint was investigated and resolved to the person's satisfaction. People were asked for their feedback on the care provided and whether any issues needed to be addressed at their care review. We saw that where a person had brought up an issue as part of their care review, appropriate action had been taken to resolve the issue for the person. Processes were in place to seek people's feedback and action was taken to address any issues raised.

Is the service well-led?

Our findings

The provider's philosophy of care was to provide a service that upheld the qualities of 'Equality, privacy, autonomy, dignity, respect and independence.' Staff told us and records confirmed they learnt about the provider's values during their induction and the staff handbook. People's feedback and our discussions with staff and review of the records demonstrated staff upheld these values in the provision of people's care.

The service was open, accessible and office staff were approachable. The office was located within the town centre and therefore easily accessible to people. We observed a person dropped into the office as they passed by to approach staff about a potential care package, staff were warm and welcoming to the person.

Staff meetings were held every three months. Staff told us they felt able to speak out if required at staff meetings but that they could also speak with the branch manager in private if required. A staff member told us they had informed the office that a person needed additional time for their care call and that this was immediately investigated and additional time was allocated to ensure their care needs could be met.

People and their relatives provided positive feedback about the management of the service. Their comments included: "Yes, it's definitely well managed." "No issues with management." "Very good management. They are excellent." "I can always get them on the phone." "If they are ever short (staffed) the manager will come." A physiotherapist told us the service was well led and that there were good clear communications from the office staff.

The service had two registered managers, one of whom was also the provider. Responsibility for the day to day management of the service was undertaken by the branch manager, who was supported in their role by the deputy manager and a care co-ordinator, in addition to the registered manager. The registered manager told us they were at the location two to three times per week and supported the branch manager in between by telephone. Staff told us the service was well managed. Their feedback included "They are approachable" and "They are really approachable and supportive." The service had a clearly defined management structure which enabled staff to feel supported.

The branch manager told us they led by example and had good communications with staff. They said the office staff completed some planned care calls for people and were available to cover care calls if required. They told us this ensured they personally got out of the office and met people in their homes. The branch manager had a 'hands on' approach to management to ensure they were accessible and visible to people and staff.

The registered manager told us "We look after our staff as much as our clients." They paid staff 'The Living Wage', there was a staff bonus scheme, mileage and recognition awards for staff to ensure they felt cared for by the provider. The branch manager had been in post since May 2016. They had been promoted internally from another of the provider's services. This demonstrated the provider's on-going commitment to the development of their staff. People received care from staff who were themselves valued and treated well by the provider.

The electronic care planning and recording system which had been in place since January 2016 enabled staff to have instant access to information about people's care. Staff entered on the system the care they had provided and if not why. Initially this information showed as an alert to staff if they tried to leave the person's home without delivering the care and then an alert was raised with the office staff for them to follow up. The system enabled the provider to monitor the delivery of people's care 'live' rather than issues not being identified until later or when records were returned to the office. This enabled the provider to respond promptly to any issues with people's care delivery. In addition to the office staff's checks on alerts the registered manager audited a selection monthly to check on their cause and the action taken for people.

Twice a year the provider sent out quality assurance surveys to people, relatives, professionals and staff. People's feedback from the surveys was used to improve the quality of the service. As a result of feedback received, the registered manager told us, people's relatives had just been invited to take up the opportunity to be able to access their loved ones electronic records themselves. This would enable those relatives who lived some distance away to monitor the care delivered and provided an even greater level of transparency. A relative confirmed to us that with the introduction of 'Open Pass' they were able to review their loved ones electronic notes. People's feedback had been used to improve the service for people and their relatives.

In addition to the quality assurance checks completed in the form of: people's care reviews, spot checks completed on care staff, surveys and the review of electronic alerts. The registered manager completed a quarterly audit. As part of their audit they reviewed: staff recruitment, training and development, policies and procedures, people's records and consent. Any actions requiring attention were identified and reviewed at the next audit to ensure they had been completed as required. Records showed actions had been taken for people such as ensuring people had signed their consent to their care. Processes were in place to monitor the quality of the service people received and to drive service improvements.

The registered manager had introduced standard operating procedures to ensure that all office staff had detailed processes to follow in order to deliver the service consistently and efficiently. There were staff manuals and checklists to ensure all activities were carried out appropriately and in accordance with the requirements of the regulations and company policies. This ensured the correct protocols would be followed regardless of which staff were responsible for delivering them.