Live In Care Ltd

Melody Live In Care

Inspection report

18-20
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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

Melody Live In Care offers personal care to people in their own homes by providing a care worker [to be referred to as care staff] that lives with them. The service is provided to both younger and older people and those living with dementia. The care staff deployed by Melody Live In Care are self-employed, however, the provision of care of people's care is managed by the provider to ensure it meets their needs. On the day of the inspection 20 people received the regulated activity of personal care.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection we rated the service good overall but requires improvement in the key area of well-led, where we found one breach of the regulations. At this inspection we found legal requirements had been met and there were robust processes in place to monitor the quality of the service provided and to drive service improvements.

Systems, processes and practices were in place to protect people from the risk of abuse. Risks to people had been assessed and their on-going safety was monitored. People received their medicines safely from trained staff. People were protected from the risk of infection.

The provider had completed relevant checks upon staff's suitability to be registered and placed in people's homes on assignment. One of the registered managers took prompt action in relation to one care staff's file we reviewed to ensure all the required information was available. There were sufficient staff to provide people's care. The registered managers ensured care staff had the skills, knowledge and support required to provide people's care.

The provision of people's care was based on their assessment and legal requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to eat and drink sufficient to maintain a balanced diet.

Staff worked together to ensure they delivered effective care, support and treatment. The registered managers also worked in partnership with key organisations in the provision of people's care as required. This included working with a variety of health care professionals. Arrangements were underway to ensure people could be appropriately supported as they reached the end of their lives.

People and their relatives told us staff were kind and caring. People received their care in an unrushed manner and staff had the time to spend with them. They were involved in decisions about their care. People's privacy and dignity were upheld, and their independence was promoted during the provision of

their care.

People received individualised care that was responsive to their needs. They and their representatives contributed to their care planning and reviews of their care. Staff supported them to maintain relationships that were of importance to them and to pursue their interests. Their views on the service were sought both through regular reviews of their care and independent surveys.

The provision of people's care was underpinned by a clear set of values, which had recently been reviewed. These included respect, reliance and kindness Day to day management of the service was undertaken by the provider's two registered managers, who were in turn supported by members of the senior management team. Processes were in place to investigate and action any complaints received or incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has improved to good.	**Good**

Melody Live In Care

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 02 October 2018 and was announced. We gave the service 24 hours' notice of the inspection activity to enable the service to inform people the inspection was taking place and they may be contacted. Inspection activity started on 29 September 2018 and ended on 02 October 2018. We made telephone calls to people on 29 September 2018 and visited the office location on 02 October 2018 to meet one of the two registered managers and to review care records and policies and procedures. The inspection was completed by two adult social care inspectors.

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 two people and two relatives. We spoke with one of the two registered managers, the provider, three care staff, the recruitment manager, marketing manager, learning and development manager and the head of people and culture.

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

Good

Is the service safe?

Our findings

People and their relatives told us they received safe care and a choice of staff. Other feedback included, "[Person's name] was always falling and getting infections, and these have greatly reduced since the live-in care started," "They use the hoist for transfers," "They administer the medicines from a blister pack" and "They always wear gloves and aprons."

Staff told us they had completed safeguarding training, which records confirmed. They understood the types of abuse and their responsibilities. They had access to safeguarding policies and people were provided with relevant information. One of the registered managers told us staff updated their safeguarding training two yearly; good practice is to do this annually. We brought this to their attention and they informed us after the inspection they had revised requirements and all staff who had not updated this training within the past year would do so by the end of October 2018. Although no safeguarding alerts had needed to be made to the local authority, the registered manager understood how and what to report for people's safety.

A variety of potential risks to people had been identified, assessed and measures put in place to mitigate them. These related to the person's care, their skin care, medicines and moving and transfers in their environment. There was guidance for staff about what to monitor for people and the actions they should take. Staff demonstrated a good knowledge of the potential risks to people and how these were managed. There was clear guidance for staff about how people were supported to move and the equipment to be used. Records were maintained of when equipment had been serviced to ensure it was safe. Staff had undertaken theory based moving and handling and first aid training and the provider was in the process of introducing additional practical based training for staff in these areas.

There were sufficient staff on the provider's register, to provide people's care. People's preferences about the care staff they required were considered when rostering. For example, some people had a preference for the gender of staff or required a car driver.

The care staff who were self-employed, registered with the provider before they were offered an assignment. As part of this process, they had to demonstrate they had appropriate experience and were of a suitable character. The provider did this by requiring care staff to undertake a psychometric test, to enable them to assess their aptitude and suitability. Other checks included a Disclosure and Barring Service (DBS) check. The DBS helps agencies make safer decisions and helps prevent the deployment of staff who may be unsuitable to work with people who use care services. Care staff were also required to provide proof of their identity, conduct in previous employment and health status. Providers are required to check the full employment history of those providing the regulated activity from the date they completed full-time education. One of the staff files we reviewed had gaps in their employment history and one reference. We brought this to the attention of one of the registered managers who provided us with the information after the inspection. Relevant checks on staff's suitability had been completed.

All staff had completed medicines theory training and had access to the provider's medicines policy for guidance. One of the registered managers told us they were in the process of completing staff's annual

medicines competency assessment as per good practice guidance and this work was due to be completed by the end of October 2018. Staff had access to clear guidance about people's medicines administration including any specific instructions, storage, ordering and disposal. Staff completed an electronic medicine administration record (MAR) and the registered managers could see if any medicines had not been given. Arrangements were in place to ensure that if for any reason staff could not complete the electronic MAR due to connectivity issues for example, then a written record was still maintained, to meet legal requirements.

All but one of the care staff were up to date with the provider's infection control training and arrangements had been made for them to complete this. Staff had access to infection control guidance and personal protective equipment, to minimise the risk of infection for people.

Processes were in place to learn from incidents. Following an issue that had arisen earlier in the year, a full investigation had been completed and relevant learning points had been identified and implemented to reduce the risk of a similar incident happening again.

Good

Is the service effective?

Our findings

People's needs had been assessed before staff were introduced to them. Relatives told us that staff had the right skills to support people effectively. Their feedback included, "[Care staff's name] is knowledgeable. [Care staff's name] has the right skills," "They ensure [person's name] is well fed and hydrated. They have a good knowledge of what [person's name] likes" and "We have power of attorney and office staff checked it."

People's care and support was delivered in accordance with legal requirements and the provider's policies referenced relevant legislation to achieve effective outcomes for people. The head of operations provided the registered managers with regular updates on practice changes.

People were supported by care staff who had the knowledge and skills to meet their needs. They were required to demonstrate they had completed and were up to date with the provider's mandatory training subjects prior to the offer of any assignment; they also received a provider induction. Staff told us and records confirmed, that they were up to date with the required training requirements. The provider was looking into how care staff as self-employed workers could be supported to attain the Care Certificate, which is the social care industry induction standard.

People were assisted by care staff who felt supported in their role. Care staff received regular support calls from the registered managers. In addition, staff's on-going performance and competence were checked upon during quality checks and reviews of the person's care. Although care staff were self-employed and therefore responsible for their own training and supervision, those spoken with confirmed they felt adequately supported.

Staff supported people to eat and drink sufficient to maintain a balanced diet. Staff were provided with clear guidance with regards to the level of support people required with eating and drinking and their personal preferences. People's care plans stated their food preferences and any risks staff needed to be aware of and how these were managed. For example, if people required thickener in their drinks to manage the risk of them choking or how they needed to be positioned to eat safely.

Staff worked together to ensure they delivered effective care, support and treatment. One of the registered managers told us they were in constant contact with care staff and that they could also monitor the electronic notes to identify and address any issues for people.

Staff supported people to access healthcare services and appointments as required. There was evidence of liaison between staff and a range of health care professionals to ensure people received the care they required.

People were asked to sign their consent to their care where they had the capacity to agree to the care provided. One of the registered managers informed us that everyone either had capacity to consent to their care or where they did not, they had a valid power of attorney in place. They had access to MCA assessment forms if required to assess people's capacity and record the outcome of any best interest decisions. All but

one care staff were up to date with their MCA 2005 training, and they were due to complete this training.

Good

Is the service caring?

Our findings

People and their relatives told us the service was responsive to their individual needs and that their care was regularly reviewed. Their comments included, "They talk to me about what I need" and "The carers get a handover to ensure they are aware of what is happening."

People had individualised care plans that outlined the outcomes they wished to achieve. These were regularly reviewed with the person, their representatives and staff. Any required changes following reviews were implemented. Each care plan we reviewed was very different to the next and gave a good picture of who the person was and how they wanted their care provided. People were asked to complete a form entitled, 'What is important to me.' This covered their living arrangements, family, how they liked to spend their day, important places and events to the person, their religious and cultural preferences, social activities, pets, the support they required and any concerns or difficulties and their impact upon them. This provided a good insight into the person which could be used when matching appropriate care staff to the person.

People's preferences about how they wanted their care provided were noted and the products they liked used in the provision of their care. Staff respected people's choices about what aspects of their care they wanted them to provide. A staff member told us how a person preferred their relative to do some aspects of their care and they worked with their preference. People's routines were noted, for example, if they liked to read their paper, what times they liked their meals and whether they preferred their main meal at lunch or teatime.

If people were living with dementia, the type was noted and the impact upon the individual in terms of the behaviours they might exhibit. The registered managers understood the challenges to some staff of providing this care and recommended that where appropriate staff placed with people living with dementia were rotated more frequently to ensure regular breaks.

Some people lived with type two diabetes which was diet controlled. There was no guidance for staff about how to identify the signs of, and how to respond to, if a person was to exhibit symptoms of high or low blood glucose levels, which may require intervention. We brought this to the attention of one of the registered managers who took immediate action to ensure staff were provided with this information.

Staff were provided with information about the person they were to support and received a handover when they commenced an assignment. A staff member told us, "I try to find out as much as possible about a person." Staff had access to sufficient relevant information about people upon which to base the provision of their care.

People felt staff had a good understanding of them and their interests. A person told us they loved to cook and that the care staff were happy to cook with them, which staff confirmed. A relative told us care staff took their loved one out to places of interest to them. Staff understood the importance of people's relationships. A staff member told us, "It's about enabling [the person] to be part of their family. [The person] loves their

family and likes to go out with them."

People were given a copy of the client handbook when they commenced the service which provided details of how to make a complaint. People's concerns and any complaints raised were investigated and learning points identified were then implemented to support improvements in the service.

No-one currently required end of life care. One of the registered managers showed us the end of life template they were planning to complete with relevant people to enable them to identify how they wanted their end of life care to be provided when needed. They had also identified this as a staff training need which was being arranged. Arrangements were underway to ensure people would be appropriately supported as they reached the end of their lives.

Good

Is the service responsive?

Our findings

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Good

Is the service well-led?

Our findings

People and their relatives told us the service was well-led. Their comments included, "Very good management – always listening," "We can always reach them [registered managers]" and "They have made this process [of setting up care] as easy as possible."

There were two registered managers for the service. 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.

At our inspection of 16 December 2015, we found there was a lack of robust auditing systems to ensure consistently good outcomes for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan informing us they would meet regulatory requirements by 30 March 2016. At this inspection we found the requirements of this regulation had been met and the service was no longer in breach of this regulation.

Processes were in place to monitor the quality of the care provided. One of the registered managers told us that once care staff had been placed on a new assignment, they checked upon them after 24 hours. People were then visited after four to six weeks for an initial review of their care, followed by regular reviews, which records confirmed. Where issues arose, the registered managers visited the person and staff more frequently, sometimes unannounced. In addition to home visits they checked people's electronic daily notes, which provided them and anyone nominated by the person with 'live' information about the person's care. This ensured the ongoing monitoring of the assignment and enabled them to check upon staff's completion of the medicine administration records. Staff were also required to complete a financial monitoring form for any monies spent on behalf of a person and these were also checked at people's reviews. The head of operations then held a bi-weekly meeting with the registered managers, to discuss and escalate any concerns or issues identified from the monitoring.

The provider's policies had been reviewed in June 2018 and the required actions completed. Staff recruitment files had been audited in September 2018 and actions had been identified for completion by 30 October 2018. Client files had also been reviewed for any missing documentation and required actions had been identified. Processes were in place to monitor the standard of the care provided and to identify potential areas for improvement.

Staff told us they enjoyed working for the company. A staff member said, "It's a very good company to work or they try to keep the clients and staff happy." The head of culture and people told us the provider had launched a new set of values in September 2018, following consultation with staff and workshops. The new values of respect, reliance and kindness were being launched on the provider's website through a video. People and staff's feedback demonstrated these were values that staff upheld in their work and the two registered managers assured themselves of this through their quality reviews and monitoring. A member of staff told us, "We covered the purpose of the company on induction. They want you to do your best."

The provider had a clear grasp of the issues facing the sector, especially in terms of on-going recruitment. They told us they tried to encourage staff to register from outside the social sector and that they 'grow' their own staff, with their career progression structure. One of the registered managers had developed their career with the provider in one of their other services, before transferring to the live-in care service. The provider had also developed the organisational support structure following an incident earlier in the year to ensure the registered managers were adequately supported in their roles, by senior managers, whose expertise and knowledge they could draw upon as required.

People's views on the service were sought both through their regular reviews and independent surveys, where people were asked to rate the service based on, planning, consistency, timekeeping, dignity and queries handling. The results from these surveys were published on the provider's website, alongside the results from the provider's other services.

The registered managers worked in partnership with key organisations, such as commissioners, where people did not fund their own care. There was evidence they had liaised with the local authority and relevant professionals, when a person's care needs had changed, to ensure the person received the level of care they required. This involved the sharing of relevant information to inform the decision-making process for the person's welfare.