

Mellowcare Ltd

Unit 15 Rosehill Business Centre

Inspection report

Room 15
Rosehill Business Centre, Normanton Road
Derby
DE23 6RH

Tel: 01332405988
Website: www.mellowcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Unit 15 Rosehill Business Unit is a domiciliary care agency providing a range of services including personal care for people in their own homes. At the time of our inspection the provider was supporting nine people who were receiving personal care. 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. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were staff recruitment procedures in place, but these were not always being followed. Although the registered manager was requesting references they were not always being received. Where references were not forthcoming from previous employer, alternatives were not being sought.

We have made a recommendation about staffing and recruitment procedures.

People's needs were assessed prior to them receiving care and support but they often lacked detail to identify risks and what action staff should take to minimise risk.

Care plans lacked detail in how to provide personalised care to people. Relatives reported staff often changed and this meant some staff may not always know how to care for a person.

Where complaints had been received it was not always clear what action the provider had taken in response and what the outcome was.

Staff did not always have spot checks carried out by senior staff to ensure they were supporting people as correctly. Where competency checks were carried out they were not always recorded. People did not receive a rota so was unaware of which staff would be supporting them and when.

Although there was a governance framework in place, it was not always used effectively and did not always support quality processes. Following the inspection the registered manager sent us information to show how they had started to make improvements in the areas identified during the inspection.

People mostly received their medicines as prescribed, however, it was not always clear when potential errors were identified what action had been taken to minimise future risk.

The provider had robust systems in place to identify and report on safeguarding concerns. They worked closely with the local authority when concerns were raised with them.

People were supported to access health professionals. People's consent to care and treatment was sought and recorded, where they were able to do so. 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.

There was no one receiving end of life care, however there was evidence where they had provided end of life care in the past this had been done with care and compassion. The provider also had a policy in place to ensure people were supported and they would liaise with other agencies.

Rating at last inspection

This is the first inspection for this newly registered service.

Why we inspected

This was a planned inspection based upon the service's registration date.

Follow up

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

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

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Unit 15 Rosehill Business Centre

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

The 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 homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 March and ended on 10 March 2020. We visited the office location on 10 March 2020. Telephone calls were made to care staff, people and their relatives on 4 and 9 March.

What we did before the inspection

Before the inspection we reviewed information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events when they occurred at the service. A notification is information about important events which the service is required to send to us by

law. We also contacted local care commissioners of the service to gain their views. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the provider, registered manager, two care staff, two people who received personal care and two relatives. Where people were unable to speak with us on the phone we contacted them via email. We also looked at care records belonging to three people receiving support, recruitment records for three members of staff and other records relating to the management and quality monitoring of the service. We used all this information to plan our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing recruitment processes were in place but were not always fully ensure people's safety when they received care from staff.
- We found not all staff had suitable references in place. We discussed this with the registered manager. They showed us they had made a number of attempts to obtain references for staff but in some instances had received no response from the previous employer. They were seeking assurances, staff were suitable to work with people.
- We received mixed feedback about the punctuality and continuity of staff. One person told us, "They always come on time and stay for the full time." A relative told us, "I don't always know who is coming and what time."

Using medicines safely

- Nationally recognised medicine administration procedures were not always safely followed or ensured.
- There had been a number of medicine recording errors.
- The registered manager had started to introduce revised audits in place to identify medicine recording errors, however they had not recorded what action was taken as a result of identifying errors. We discussed this with the registered manager who was able to tell us what action they had taken. They recognised they needed to record any action taken as a result of their audits.
- Staff received appropriate medication training; people told us they received a safe level of support from trained members of staff.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback around how safe people felt with the staff who cared for them. One person said, "I feel very safe with them." Another person commented, "I don't feel safe." We discussed this with the registered manager who told us they would investigate why some people had concerns.
- Effective safeguarding and whistleblowing procedures were in place.
- Staff received safeguarding training; they knew how to report their concerns if they needed to.
- Where the registered manager had received safeguarding concerns they took appropriate action to work with the local safeguarding authority and provide all necessary information to ensure people's safety.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and managed. These included risks associated any equipment which staff may use and the person's home environment. However, where people posed a potential risk to staff, risk assessments were not always completed or detailed. For example, where people were identified as making false allegations against staff, this was not clearly identified in the risk assessments. In discussion with the registered manager, they were able to describe what action had been taken to protect staff.

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained and had access to sufficient personal protective equipment (PPE).
- There was an up to date infection control policy in place; this contained guidance in relation to preventing and controlling infections.

Learning lessons when things go wrong

- Accidents and incidents were appropriately reported, investigated and lessons were learnt but not always recorded. This was discussed with the registered manager.
- Staff were familiar with the accident and incident reporting procedure; the registered manager maintained a good level of oversight in relation to any significant events that occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People gave mixed views regarding staff knowledge and skills. One person told us, "I think they know what they are doing, they seem very professional." Another person said, "I'm not sure what their training is but I don't feel they have any." A relative commented, "Some carers are better than others. They do seem to have a high turnover (of staff). [Person] has two care staff and so they always sending a new one shadowing other staff."
- Staff we spoke with confirmed they were receiving training although some training took place after the staff member started providing care and support.
- Training records showed staff received on line training and the registered manager had put measures in place to ensure all staff had up to date mandatory training prior to them starting providing care.

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

- Although staff did not always have MCA and DoLs training they did understand the need to support people to express their views about their care ensuring they were had control and choice. We discussed staff training with the registered manager. They were aware of the shortfalls and were ensuring all staff were receiving up to date training as soon as possible.
- The registered manager told us people had capacity to make day-to-day decisions. We were shown an example of where a person had made a decision about their care which potentially could cause problems

but as the person had capacity the service was working with the person and other agencies to support the person's rights and best interests.

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

- People were supported to eat a healthy diet as described in their care plans.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed to.
- Records showed that people had received care and treatment from healthcare professionals.
- Staff we spoke with were able to describe what action they would take if they were concerned about a person's well-being. For example, one staff member told us, "I tried to visit one person and I couldn't get in. I reported it to [provider]. We contacted a family member to see if they could contact their relative. We ended up calling the paramedics as we realised the person had fallen.

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

- Before people started using the service, their needs were assessed by the registered manager to ensure the service would be suitable and their needs could be met.
- People's assessed needs were regularly reviewed to ensure they continued to receive the correct level of support.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst people spoke positively about individual staff, people felt the high turnover of staff impacted upon their care experiences.
- People said they did not always receive care at the times they wished or knew who would be visiting.
- We received mixed feedback regarding how staff treated people. One person told us, "Staff are always polite. We have a laugh and a joke. The carer we have is ok and they always check we are ok." Another person said, "I don't think they are kind or considerate."
- Care plans had limited information around people's diversity. Needs assessments did not always capture information about people's culture, faith and sexuality so care could be planned around these needs. We discussed this with the registered manager who showed us a copy of a revised assessment proforma they intended to introduce which would capture this information for people's care.

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

- Staff understood the importance of involving people in their care. However, we had mixed views from people using the service. One person told us they felt involved by staff whilst another did not. A relative said they felt staff fully involved their loved one.
- Care plans showed people and relatives had been asked about care when they came to the service.

Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback from people regarding how staff supported their dignity. One person told us, "My dignity is supported. Staff are caring and ask if we need any extra help." However, another person told us, "They don't treat me with dignity and respect." A relative told us. "[Person] is always treated with dignity."
- Staff were able to give us examples of how they supported people's dignity and privacy. One staff member told us, "When we provide personal care, we always cover people up with a towel. If we have to put skin creams on them, we also use gloves. We ask people what help they would like."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's needs were not always met.

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

- Although people's needs were assessed prior to receiving a care service the assessment often lacked detail. The registered manager showed us an assessment tool they had developed and this would provide them with more detailed information about people's needs. Following the inspection, they provided us with information which showed they were starting to introduce the new assessment tool.
- We had mixed feedback about whether people had choice and control over how their care needs and preferences were met. One person told us they felt staff were very good at meeting their needs. However, all the people we spoke with felt they would benefit from receiving a rota to let them know who would be coming each week. A relative told us, "Sometimes I can have a stranger in my house." We discussed this with the provider and registered manager and they told us there had been some difficulty in providing a rota due to on going staff changes.
- Although people's needs were being met as they changed, it was not always clear what had triggered a change or if the care plan had been updated. For example, a person's home situation had changed and we saw minutes of a meeting held with other care agencies to explain how the changes were being managed by the service. The changes were not reflected in the person's care plan. This meant staff may not have up to date information and could mean staff were not consistent when providing care.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and most people knew who to talk to if they were unhappy about anything. One person said, "I would speak to [provider]. Another person told us they did not know who to complain to. However, we saw the person had previously made several complaints, which had been recorded by the registered manager.
- Although there was a complaints procedure in place and the registered manager recorded all complaints, it was not clear what the outcome of each complaint was and what feedback people received. We discussed this with the registered manager who told us they would make changes to how they recorded outcomes in future.

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.

- Care plans provided information about people's communication needs.
- The registered manager understood their responsibility to comply with the AIS and was able to provide accessible information for people in different formats to meet people's individual needs.

End of life care and support

- The service was not currently providing support to anyone receiving end of life care. Staff understood the importance of providing care which met people's related needs including liaising with other agencies.
- A policy was in place to manage people's needs at the end of their life and provided staff with information they would need to meet people's end of life needs appropriately.
- The service had provided end of life care previously and we saw a compliment received from a relative regarding the care provided.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

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

- We received mixed views about communication with the service. One person told us, "We have good communication with the service. They let us know what time they are coming and they are usually on time." However, another person said, "I can never get through to the office and they don't communicate well." We discussed this with the provider and registered manager and the provider acknowledged they had gone through a period before the current registered manager came into post where the service was not as accessible as it should have been. The registered manager was introducing systems to improve communication with people.

- Staff overall felt the service was well managed. One staff member told us, "If I have any issues I can communicate with office. We have an out of hours on call phone. Usually with [provider] for late calls. The [registered manager] is also available. I have no concerns."

- The registered manager understood their responsibilities around the duty of candour requirement. They showed us the information they had sent to the local authority after a safeguarding alert. The registered manager told us they wanted to act in a 'responsible and honest way.'

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

- The current registered manager had only been in post a few months and was slowly introducing new audit systems. We had found some audits were not always clear in identifying what action was taken as a result of their findings. This was discussed with the registered manager who emailed us following the inspection visit to show what changes they had put in place to ensure audits were robust.

- Spot checks and competency checks on staff were not routinely being undertaken or where they did happen, they were not being recorded. Following the inspection visit the registered manager confirmed spot checks were now taking place and how they would be recorded to show their outcome.

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

- People could not recall being asked their opinion of the service. However, the registered manager showed

us surveys they had carried out with some people who had used the service. These were not always dated and so it was unclear when they had been carried out and how relevant they were.

- Where there were comments about the service, it was unclear if action had been taken as a result. We discussed this with the registered manager who said they would make changes to ensure they reflected people's comments and made any necessary changes.

Continuous learning and improving care

- Staff told us they had access to online training and felt supported by the provider and registered manager through supervision and appraisals.
- The registered manager had introduced a 'policy of the month' and encouraged staff to read and get to know each policy.
- Information about upcoming training courses was made available to staff and they were encouraged to access all relevant training.

Working in partnership with others

- The provider and registered manager were working with the local authority to make improvements within the service.
- The service worked in partnership with other external agencies to support the care of the people they support. We saw letters of appreciation from external agencies for the work carers had been involved in.