

Vopa Consulting Ltd

# Melody Care Farnborough Ltd

## Inspection report

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18 November 2021  
22 November 2021

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## Ratings

Overall rating for this service

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

### About the service

Melody Care Farnborough Ltd is a home care service providing personal care to people in their own homes. At the time of the inspection, 47 people received care services from Melody Care Farnborough Ltd. Not everyone who used the service received personal care. We only inspect 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

People received care and support that was effective, based on detailed assessments and care plans, and delivered by staff with the necessary skills and training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported in a caring way. The service focused on people's independence and dignity, and respecting them as individuals. There were good relationships between people and their care workers. One person's relative said, "There are some lovely girls. They sit and chat which is fantastic."

People received responsive care. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. There was a focus on mental stimulation, physical activity and social inclusion in people's care.

The service people received was well led. The service had maintained a corporate image based on values which supported person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and recognise the contribution staff made to people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was registered with us on 2 August 2019 and this is the first inspection to give an overall rating.

### Why we inspected

This was a planned inspection to give the service its first overall rating.

We undertook a focused inspection on 3 March 2021 which did not cover all the key areas necessary to give an overall rating. We have used the individual key area rating for one area (safe) from that inspection when calculating the overall rating at this inspection.

You can read the report from our previous focused inspection, by selecting the 'all reports' link for Melody

Care Farnborough Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Melody Care Farnborough Ltd

## **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

One inspector and an Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 that 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 a short period notice of the inspection so the provider could contact people we wanted to talk to and make sure they agreed to take part in the inspection.

Inspection activity started on 16 November 2021 and ended on 22 November 2021. We visited the office location on 18 November 2021.

### What we did before the inspection

We reviewed all the information we had received about the service since our last focused inspection. We contacted five social care professionals who worked closely with the service. We used all of this information to plan our inspection.

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.

### During the inspection

We spoke with two people supported by the provider, and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included three people's care records, and records relating to the management of the service, including policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us, and responses from social care professionals. We considered all the evidence collected during the inspection to inform our judgements.

# 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 time we have given this service a rating in effective. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was planned and delivered in line with current standards and legislation. The provider's policies, procedures and care plans reflected good practice and legal requirements. Feedback from people and their families showed this resulted in good outcomes for people.
- There were comprehensive assessments of people's needs, and support was regularly reviewed and updated. There was detailed information in people's care plans about medical conditions which were relevant to the care and support they needed. People told us assessments were effective. One family member said, "Initially they come to assess. It is run like clockwork. They are excellent with an elderly person."

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People told us they were happy their care workers were trained appropriately, and staff told us their training prepared them to support people according to their needs. One person said, "They have the right training, they are always efficient and I could not fault them."
- Staff had a comprehensive induction and did not work unsupervised until they and their manager were confident they could do so. The provider had employed a full-time training officer who took new staff through their induction which was based on the Care Certificate. The Care Certificate sets out an agreed set of standards for workers in the social care sector.
- The registered manager had a system to monitor staff members' training progress and completion. Staff were supported to deliver good quality care through training and regular supervision.

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

- People were protected from the risks of poor nutrition and dehydration. Where people were at risk their care plans contained instructions for care workers to prompt them to eat and drink, and to prepare healthy meals. Where necessary records of how much people had to eat and drink were kept. One person had agreed to be weighed regularly to track if they were eating the right amount.

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

- Staff worked with other healthcare professionals to make sure people had consistent care. Community nurses had trained staff how to change one person's dressings. The provider had engaged with occupational therapists to make sure staff knew how to use another person's equipment properly. Staff supported people to attend outpatient and other appointments.

- There was focus on supporting people to live healthier lives through mental stimulation, physical activity and social inclusion. The provider had arranged a longer call for one person so they could support them to visit somewhere which was important for their emotional wellbeing. Staff supported another person to put food out for wild birds, which was important to them. Another person had support with physiotherapy exercises after a period in hospital.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff were aware of the legal framework around mental capacity and deprivation of liberty. At the time of this inspection, none of the people supported had been assessed as lacking capacity or had a Court of Protection order in place.
- Staff were aware of the need to make sure people agreed to all care and support. They told us they would respect a person's decision if they declined any planned care activity, and this was reflected in people's care plans. One relative told us their parent's views were always taken into account.



# 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 time we have given this service a rating in caring. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated and supported in a caring manner. One person said, "They listen, I think they are wonderful. They do their damdest to sort things out." Another person said, "Melody Care have been a godsend. There are lots of carers and they are all really nice." Another person's relative told us their care workers were "all lovely and very considerate".
- The provider took into account the need to respect equality and diversity in their care assessments and support. Where people's religious or cultural background affected how they preferred care to be given, this was reflected in their care plans. Staff were up to date with their equality and diversity training.

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

- People were able to express their views and participate in decision making. One person said, "They always take my views into account." Another person said, "If I had a problem I would ring them up." Staff preferred to talk directly with people when making decisions about their care, but would involve families or other advocates, such as the person's GP, where necessary.
- People we spoke with were happy they or their families were involved in relevant decisions and could communicate their views. One person's relative said, "Melody are easy to contact." Another relative told us communication between the office and care workers was good, so that the care workers were always aware of changes in their loved one's health and care needs.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and their families all said staff respected their dignity and privacy. Staff gave us examples of how by listening to people they could understand what was important to them to promote their dignity. A relative told us their mother was "a private person" and her care workers respected her privacy.
- Staff took account of the need to preserve people's independence as much as possible. Staff said they were "here to help, not take over". People appreciated that they were supported to be independent. One person said, "I get a lot of offers for meal preparation but I do it myself."

# Is the service responsive?

## Our findings

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

This is the first time we have given a rating in responsive for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual to the person and contained information about people's preferences. Staff told us they had the information they needed to support people according to their needs and understand their wishes.
- People we spoke with told us the care they received met their needs. People said they were "satisfied" with their support, "getting the right service", and their care was "adjusted" to meet changing needs.
- The provider used an online system to keep records of the care delivered at each call, and these records were checked and audited by senior staff. The online system accessed by hand-held devices meant that care workers could be confident they had the latest information about people's care when they called on them.

Meeting people's communication needs

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

- The registered manager was aware of AIS, and the provider's assessment process was designed to identify people's individual communication needs. At the time of this inspection the standard did not apply to any of the people supported.

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

- Where people's agreed care plans included social visits, staff supported people to follow interests and keep social and community contacts. One person had support to go shopping and to the bank where they were familiar with the area. Staff supported people to celebrate their birthday in style. A relative told us their mother's care worker "went overboard for her 90th birthday in July".

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints. People told us they knew how to complain if they needed to and were confident any concerns raised would be followed up properly. One person told us, "I would be comfortable about speaking to the manager if I had a complaint. I've got paperwork about complaints."
- The provider was open and transparent about complaints. Where appropriate the registered manager met with people or their families to discuss complaints.

## End of life care and support

- The provider had processes in place to support people during their last days. Staff had training in end of life care which focused on keeping people comfortable, dignified and pain-free during this period. At the time of our inspection there was no-one receiving end of life support. The provider had received positive feedback from the family of people they had supported during the final period of their life.

# Is the service well-led?

## Our findings

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

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

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

- There continued to be a positive, person-centred approach to care, based on the provider's values of kindness, respect and reliance. The approach led to good outcomes for people, such as helping them to leave hospital to live more independently in their own home, and to recover their mobility by supporting them with exercises.
- Staff were motivated, empowered and supported to deliver high quality care. The provider had promoted "little things" to recognise staff resilience and dedication, and the positive effect this had on people who used the service. These included a small payment for staff who had fully vaccinated against COVID-19, bonuses for working evenings and during holiday periods, and loyalty and performance bonuses to be paid from January 2022. The provider had changed care workers' job title to "professional carer" to recognise their contribution to people's health and wellbeing.

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

- The registered manager was aware of and understood the duty of candour. They acted in line with the legal requirements to be open and transparent.

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

- The registered manager had developed their management system since our last inspection, with new deputy manager and senior care worker roles to allow progression for staff. These roles were supported by clear job descriptions, training and mentoring.
- The registered manager maintained a monthly task spreadsheet to demonstrate compliance with relevant regulations and identify risks. This made sure the four main areas of the service were reviewed regularly: care workers, office staff, people who used the service, and registered manager tasks. Registered manager tasks included reflection when things went wrong, and when people or staff left the service.
- The provider had a system for monitoring and managing service quality. This included quarterly audits which covered areas such as recruitment, training and development, policies, procedures and reports, and service user processes. The current audit was in progress at the time of our inspection. The areas which had been completed all showed the service to be compliant.

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

#### characteristics

- The provider engaged regularly with people who used the service and their families. One person's relative told us they could ring and chat to staff about what needs doing for their husband. She told us, "They listen. I think they are wonderful". Since our last inspection the provider had restarted face to face care reviews, while keeping telephone reviews an option for people who were still cautious about risks associated with COVID-19.
- The provider engaged regularly with staff through supervisions, appraisals and spot checks. Staff had four supervisions a year, including one spot check, and an annual appraisal. Staff feedback showed they had felt supported during the pandemic, and always had sufficient personal protective equipment (PPE).

#### Continuous learning and improving care

- The registered manager had maintained their improvement plan since our last inspection. It had been updated with achievements to date. These included engagement with the provider's quality and compliance manager, nominations of staff for Hampshire Care Association awards, supporting other Melody Care branches at times of workforce stress, and progress towards opening a satellite office in Camberley.
- The registered manager had improved their business continuity plan. It now included more guidance for staff on how to keep the service going in the event of emergencies, such as loss of computer services, failure of basic utilities and extreme weather.

#### Working in partnership with others

- The provider continued to work together with other healthcare professionals and organisations to make sure people experienced good quality, joined-up care. A social care professional who worked with them described Melody Care Farnborough as "responsive and reliable".