

Meritum Integrated Care LLP

# Meritum Integrated Care LLP (Folkestone)

## Inspection report

Unit 28 Folkestone Enterprise Centre  
Shearway Business Park  
Folkestone  
Kent  
CT19 4RH

Tel: 01303297010

Website: [www.meritum.org.uk](http://www.meritum.org.uk)

Date of inspection visit:  
20 November 2017  
21 November 2017

Date of publication:  
04 January 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 November 2017 and was announced. Meritum Integrated Care LLP (Folkestone) provides care and support to people in their own homes in Folkestone, Hythe and the surrounding areas. The service is provided to mainly older people and some younger adults. The service also provides care and support and 24 hour on call at Summer Court in Hythe. This is a block of 'extra care housing' with additional communal facilities available for the people that live there. At the time of the inspection 165 people were receiving care and support from the service.

The service had a registered manager in post. A registered manager is a person who is 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.

We last inspected Meritum Integrated Care LLP (Folkestone) in October 2016 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment and person-centred care.

At our inspection in October 2016, the service was rated 'Requires Improvement'. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Some improvements had been made, however, the provider had not met the previous breaches of regulations and one further breach was found. This is therefore the second consecutive time the service has been rated Requires Improvement.

At our previous inspection, medicines were not always managed safely. The service did not hold a list of each medicine they administered to people if they were stored in a dosette box (pre-packaged medicines from a pharmacy) and if medicines were left out for people, the risk regarding this was not assessed. At this inspection we found there had been no change and although the provider had designed a form to record medicines this had not yet been implemented, leaving people at risk. The registered manager and senior staff were aware of best practice guidance, such as those relating to the administration of medicines in people's homes and were in the process of ensuring they adhered to this guidance.

Each person had a care plan in place which consisted of a task list outlining what staff needed to do at each call and an assessment of the risks related to providing care and support to each person. Although risks relating to people's care and support, such as moving and handling, mobility and any healthcare conditions had been identified, detailed guidance was not always available to staff on how to mitigate these risks. When incidents or accidents occurred staff reported these to the office, however the action taken to prevent them from happening again was not always documented.

Some care plans contained detailed step by step guidance regarding how to support people. However,

others required more detail to adequately inform staff how people liked their care to be provided. There was generic information regarding health care conditions such as epilepsy and diabetes. However essential, personalised information such as how often people had a seizure or what action to take was not provided for staff. Staff worked independently in people's homes, without supervision, so clear guidance was essential to ensure people received the support they needed.

Office staff completed regular checks on people's daily notes, however they did not always cross reference them with medicines records, which meant they had not picked up on the issues regarding medicines identified at this inspection. Care plans were also reviewed regularly, but again, these reviews had not identified the lack of necessary detail to ensure staff had the appropriate guidance. Accidents and incidents were not analysed to identify any trends or patterns, meaning ways of reducing their occurrence could be missed.

People had been asked for their views on the service and these had been reviewed by the management team. The results of this feedback had not yet been published on the provider's website. We identified this as an area for improvement.

The registered manager and senior staff worked in partnership with other professionals to ensure people received consistent care. Some people received support from the district nursing team with their health care needs and staff provided assistance with their personal care. Staff told us that communication was good and they were able to share information when needed.

At Summer Court the registered manager worked closely with the local authority commissioning team to ensure extra care housing scheme was suitable for people's needs. The provider and senior staff were involved in a variety of local forums and worked in partnership with colleagues across the sector to develop new ways of working.

Staff had received the necessary training to carry out their roles effectively. They told us they were well supported by the management team and received regular spot checks when they were providing support to people to ensure they were doing so appropriately. Staff told us the management team were approachable and knowledgeable about providing domiciliary care.

People told us that staff were kind and caring and treated them with respect and dignity. Rotas showed that staff were allocated time to travel between people and people we spoke with said that staff were generally on time and stayed for the entire duration of their call. People said that staff at Summer Court answered their call bells promptly and they were not left waiting if they needed support in an emergency.

Some people were supported to prepare meals or to eat safely. People told us that staff supported them in a sensitive manner when doing so, and supported them at a pace which suited them. Everyone we visited had drinks of their choosing left out for them, so they could remain hydrated throughout the day. When people became unwell staff supported them to contact relevant healthcare professionals.

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 had an understanding of people's equality and diversity needs and told us they would challenge discrimination in any form. There was an open and inclusive culture and people were supported to be as independent as possible.

There was information available for people regarding how to complain and any complaints had been documented and investigated in line with the provider's policy. Staff had been recruited safely. Staff knew how to recognise and respond to abuse and any potential safeguarding issues had been reported to the local authority. The provider had notified us of important events that had happened in the service and had displayed their rating on their website and at the service, as required by law.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

People's medicines were not always managed safely.

Action taken to mitigate risks relating to people's care and support were not always clear.

Incidents had been reported but the action taken and the lessons learnt were not always recorded.

People told us that staff arrived on time and stayed with them for the full duration of their call. Staff were recruited safely.

Staff knew how to recognise and respond to abuse.

### Is the service effective?

**Good** 

The service was effective.

Senior staff had a knowledge of best practice relating to domiciliary care and were in the process of applying this guidance.

Staff received the necessary training, support and supervision to carry out their roles effectively.

Staff left drinks out for people to ensure they remained hydrated throughout the day.

Staff worked in partnership with a range of professionals to ensure people received necessary support.

Staff supported people to contact health care professionals if they became unwell.

People were supported to make choices about their care and support.

### Is the service caring?

**Good** 

The service was caring.

People told us that staff were kind and caring.

People were asked their views on their care and support.

Staff treated people with respect and dignity.

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

The service was not consistently responsive.

Guidance regarding how people liked to be supported was not always detailed or clear.

People told us they knew how to complain and complaints had been dealt with in line with the provider's policy.

The service was not currently supporting anyone at the end of their life.

**Requires Improvement** 

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

The service was not consistently well-led.

Checks by the registered manager and senior staff had not identified the continued issues relating to medicines and risk management.

People had been asked for their views on the service and these had been reviewed by the management team.

Staff told us they felt well supported by the management team, who were knowledgeable and experienced in providing domiciliary care. There was a positive, inclusive culture.

Senior staff worked closely with other professionals to support care provision and service development.

The provider had notified us of important events that had happened in the service and had displayed their rating on their website and at the service, as required by law.

**Requires Improvement** 

# Meritum Integrated Care LLP (Folkestone)

## **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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. The service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Meritum Integrated Care LLP (Folkestone) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Inspection site visit activity started on 20 November 2017 and ended on 21 November 2017. It included visits to the extra care housing provision and to people in their own homes. We spoke with an additional 11 people and three relatives via the telephone. We visited the office location on 20 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The provider was given 48 hours' notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the area manager and the office manager of the service. We spoke with four members of staff. We looked at 18 people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We last inspected Meritum Integrated Care LLP (Folkestone) in October 2016 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection, there were two continued breaches and one additional breach of the regulations.



# Is the service safe?

## Our findings

People told us they felt safe when receiving support from the service. When asked if they felt safe one person said, "Yes, they are there and they really help me." Another people told us, "I do feel safe. If I feel shaky, they support me." A third said, "Yes it makes me feel safer that the carers call." A relative told us, "[My loved one] feels very safe when they are with them." Staff also told us that relatives had fed back to them that people felt safe.

Although feedback was positive we found that some of the risks and areas for improvement highlighted at our last inspection had not been addressed. At our previous inspection, risks relating to people's care and support had been identified but not always assessed fully. At this inspection we found that most risks had been identified, but again, not all risks had been assessed and the action taken to mitigate risks was not always clear.

Previously, when people had a catheter in place staff monitored the output of their urine, including the colour but their risk assessments did not detail this. At this inspection we found the detail regarding the management of people's catheters varied. One person had a catheter fitted and staff emptied their urine bag, this was not detailed in their support plan or risk assessment. Other people's care plans had information regarding how staff assisted people with their catheter, but did not detail what was a usual output for the person or when staff should seek medical advice. The office manager updated some people's care plans with information regarding usual output during the inspection.

Some people had a hoist or other assistive equipment in their home to ensure they were able to move safely. This equipment needed to be serviced regularly to ensure that it was safe to use. There was no record of when this equipment needed to be serviced. We visited one person in their home and the hoist stored there had an out of date service sticker on it. The person remained in bed, however they told us that staff had used their hoist to assist them to move when their mattress had broken. Using a hoist that was overdue a service could place the person at risk of harm. We discussed this issue with the registered manager and a monitoring sheet was implemented to ensure that the service had a record of when people's assistive equipment required servicing.

Although accidents and incidents had been recorded, and action taken to minimise the risks, these actions were not always recorded to show how the risks has been mitigated. For example, one person had fallen several times and staff were able to tell us about their medical condition, and how this affected their balance but this information was not always detailed in the risk assessments.

There were also inconsistent records when staff completed incident forms. One person had fallen four times, (including twice in the bathroom.) Incident forms had been completed, but only one body map was in the care plan recording the injuries. The care plan also stated that there were no risks identified when this person was receiving personal care even though details of the person's medical condition increased the risk of them falling.

At our previous inspection medicines had not always been managed safely. There was a lack of oversight regarding topical medicine administration such as creams or sprays; when staff supported people to take medicines from a dosette box and when medicines were left out for people. A dosette box is pre-packaged medicine from the pharmacy. At this inspection some improvements had been made, however, the provider had failed to act on all of the concerns we had previously identified.

There were still no records of what medicines people's dosette boxes contained. The area manager showed us a form the provider was in the process of implementing to ensure they had a record of all medicines people were taking, however, this had not yet been put in place. The service had received information from the local authority about one person stating, 'Medication in the dosette box for tea time is only paracetamol and should not be given as there will not be a four hour gap before the bedtime medication is taken.' Records showed that staff had consistently administered the person's dosette box medicines at both the tea time and evening call, sometimes with a gap as little as two hours between the two. Staff immediately checked the medicines kept in the person's dosette box and confirmed there was no paracetamol to be administered at the tea time call. However, the person had been receiving support for many months and as there was no record of what medicines were being administered or if the person's medicines had changed we could not be assured the person had always been supported to take their medicines safely. Another person's dosette box had previously gone missing and there was no record of which medicines had been contained within it.

Due to the concerns we highlighted, the registered manager and area manager put a list in place of all medicines stored in dosette boxes during the inspection.

Some people's medicines were still being left out for them to take later and the risks relating to this had still not been assessed. One person's hand written MAR stated, 'leave by bed in pm for [the person] to take first thing in the morning'. Staff had documented that the person's 'short term recall was poor' in their daily notes. If a person's short-term recall was impaired there was a risk they may forget to take their medicines or forget they had taken them and ask for more. No action had been taken to assess the risk regarding the medicines being left out or what was in place to mitigate any of the risks surrounding this.

One person's handwritten MAR had not been completed consistently by staff. Some medicines such as those for constipation and pain relief had not been signed for, even though other medicines had been signed as administered. Office staff had checked the person's daily notes but had not checked their MAR so were unaware of these errors.

The provider and registered manager had failed to adequately assess all risks relating to people's care and support. The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, records did not always show how or where staff should dispose of clinical waste, such as continence products. At this inspection there was now guidance in people's care plans regarding how to dispose of clinical waste safely. Staff had a clear understanding of how clinical waste should be disposed of and had received training in infection prevention and control. People told us that staff always used gloves, and other appropriate protective wear such as aprons when assisting them.

Improvements had been made regarding the management of topical medicines. There was detailed guidance in place for staff regarding different creams or sprays that people used. There were body maps in place which showed staff where to apply people's cream. New MAR sheets contained a code at the bottom

which showed which codes staff should use if people refused medicines or if a relative had given people their medicines.

In order to ensure that there was enough staff employed to meet people's needs there was ongoing recruitment.. Staff had permanent schedules to ensure that people received care from regular staff. People told us that they usually had the same staff and accepted that this would change in times of sickness or annual leave. There was an on call system in place should people need to contact the service outside of normal office working hours.

People told us that usually staff arrived on time and always stayed for the duration of the call. One person told us how their carer stayed and chatted with them and made sure they stayed the full time. Other people told us, "Yes, they stay the time. I never feel that they rush me because they want to be off to their next appointment." And, "Of course they stay for the agreed time. They are very good. I cannot fault them."

Some staff felt that there was a lack of travel time to keep on time to visit people. We looked at the rosters which had a five minute travel time gap between the calls. Staff felt that this was not always enough if the visits were not close together. The registered manager told us that they did allow additional time if it was not possible and placed calls geographically to reduce the travelling time between calls.

At Summer Court people told us that staff responded quickly if they needed assistance. One person said, "I have only got to ring my buzzer and they come promptly."

People and staff told us that if people were not happy with the timing of their call they tried to provide the service at the preferred time but this was not always possible. One person had agreed to a time slot when they first started the service but then told staff they would like the call to be made earlier. The service did not have the time slot available but they were making efforts to accommodate the preferred time. The person told us that the staff were trying their best and was satisfied that once a time slot became available they would receive an earlier call.

There was an on call system for people to use outside of office hours. This information was included in people's care folders to ensure they had the contact numbers in case of an emergency. In the event of an emergency such as bad weather, there was detailed information as to how the service would continue to be provided, such as emergency schedules for staff and the use of four wheeled vehicles. Technical data was protected and backed up to ensure the service would be able to access the information to run the service.

New staff were recruited safely with all the necessary checks being carried out, such as satisfactory evidence of their previous employment, full work histories and proof of identity. All staff had been checked against the disclosure and barring service (DBS) records. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had received regular and updated training on how to keep people safe. They gave us good examples of what to look for if people were at risk of harm. They were clear of how to report any allegations to their line managers or outside of the organisation. Staff told us they would not hesitate to report a member of staff to the management team if they saw bad practice and were aware of the whistle blowing policy. The registered manager had a clear understanding of safeguarding protocols and what process to follow. The registered manager and senior staff had reported safeguarding concerns promptly when they had arisen. They had worked closely with the local authority safeguarding team and appropriate action had been taken to reduce the risk of incidents happening again.

Staff told us they understood how to recognise discrimination and were aware of the different forms this could take. They told us they were well supported by the management team if there were any issues. One member of staff told us they had once received derogatory comments due to their race and immediate action had been taken to safeguard them.

# Is the service effective?

## Our findings

People told us that they received effective care and that staff were competent and well trained. One person said, "Yes, they do understand. They are very good and well trained." Another told us, "One staff member, in particular, is absolutely brilliant. They come in, and take over. I never feel uncomfortable with them. They understand my needs well, and are well trained. I can't praise them enough."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes these applications must be made to the Court of Protection.

No one was subject to an order from the Court of Protection and the registered manager told us that most people using the service had capacity to make their own decisions. People had signed their care plans to show that they consented to receiving care from the service.

One relative told us that they were not aware that their relative had their care plan reviewed as they had not been informed that this was taking place. They felt that their relative had deteriorated and their capacity to remember and understand things was not as good as it used to be. There was no mental capacity assessment in the person's care plan to guide staff how to support this person. We discussed this with the registered manager who arranged for a review of the person's care plan to take place.

People told us that staff asked for their permission before assisting them. When we asked people if they consented to their care several people answered, "Definitely." Other comments included, "They [staff] ask me each time what I want doing." "They [staff] do exactly what I want." And, "They know exactly what my needs are." Staff confirmed that they had an understanding of the MCA saying, "I always ask would you like me to wash you?" and, "[One person] has dementia but I always offer them choices."

People's needs were assessed before they started using the service. A task list for staff to complete at each call was written, along with an assessment of risks related to providing support to each person. People confirmed they felt involved in planning their care. Office staff reviewed people's care plans on a six monthly basis. The registered manager and senior staff were aware of best practice guidelines such as, The National Institute for Health and Care Excellence (NICE) guidelines on 'Managing medicines for adults receiving social care in the community.' These were available in the office and staff were in the process of implementing medicines records in line with this guidance

Some people received support to eat and have their meals prepared for them. One person told us that staff

supported them at each meal time. They said that staff were considerate and they were able to eat at their own pace. They summarised their thoughts on the assistance they received by saying, "They know what I like. I have a nice meal and they help me."

Staff left drinks out where people could reach them after they left the call. People confirmed that they did this and asked if there was anything else they needed before they left. One person said, "I have always got a drink."

People talked about how the staff offered them choices at lunch time such as what sandwiches they would like or if they wanted anything else to eat. One person told us that the staff knew their relative so well they knew their favourites and what they liked best for their lunch.

A professional told us that they thought the service had improved and they worked in partnership at Summer Court to ensure people received the care they needed. The registered manager was involved in meetings to discuss the dependency of the people moving into the units and how they would provide their care. The professional said it had made a big difference to the people's lives as they felt listened to and the service was flexible around their needs. They said the registered manager and staff were approachable and there was an open and inclusive culture in the service. Some people received support from health care professionals such as district nurses, whilst staff provided people's personal care. Staff told us communication was good in these instances and important information was shared between the two teams.

There were generic information sheets in place for staff regarding a variety of healthcare conditions such as epilepsy and diabetes. Staff told us they took action if people were unwell and informed the office if anything happened whilst they were offering support to people. There was a board in place in the main office to track anyone in hospital so staff knew who had been unwell and when they were likely to be discharged.

People spoke positively about the support they received to manage their health. One person told us how the member of staff had encouraged them to go straight to the hospital when they were not well. Another person told us that staff recognised when they were feeling ill. They said, "If I do not look right they tell me."

People said that the staff knew what they were doing. They said, "I think the staff are well trained". "The new ones sometimes need more help and need a bit of experience but generally they are very good." "New staff shadow established staff, they are a lovely team." "I think the carer understands my needs very well. They are very good. They seem to know what they are doing so I think that they are well trained."

The training programme ensured that staff received ongoing training and updates relevant to their roles. Staff completed evidence based questionnaires on each training session provided and in addition completed an evaluation for at each training session. Spot checks and observations were also completed by managers and senior staff. The majority of the staff had achieved qualifications in health and social care or were working towards this. Staff told us they felt supported by the management team and had regular supervision and appraisals to discuss their training and development needs.

All staff had received moving and handling training, however some staff told us that they would like more practical hoist training. We discussed this with the registered manager who told us that when people had complex mobility issues, occupational therapists had shown staff how to use hoists which were suitable for the person's individual needs. In addition they told us that this issue would be raised at the next staff meeting to discuss the use of hoists and identify if further training was required.

New staff completed induction training linked to current guidance and shadowed experienced staff until they felt confident to work on their own. They often completed calls where two members of staff were needed to give them confidence whilst learning about people's routine and care needs. Staff confirmed they had received induction training and felt supported by their colleagues and managers during this time.

## Is the service caring?

### Our findings

People told us that staff were thoughtful and caring when supporting them. One person told us, "They are lovely. You cannot fault them." Other people said, "They are very kind and caring. They really are very good." And, "They are friendly and they know their job. That is what it is all about." A relative told us, "They [staff] do chat with [my loved one] and they are nice."

People were treated with kindness and compassion. One person told us, "I have no grumbles whatsoever. They are very kind. Very considerate." Other people said, "They are all very friendly" "I like all of the carer's they are very kind" and, "The staff are all so nice, they are all so helpful."

Staff had asked people some important things about themselves such as their preferred name and information about their lives before they started using the service. This information was recorded in people's care plans. Staff told us that they had got to know the people they visited and gave support to. People said they had built up strong relationships with staff, and looked forward to their visits. One person said, "My regular carer is more like a member of my family, they are brilliant and very well trained".

Staff listened to people and made them feel that they mattered. People talked at length about the conversations they had with staff and how this made them feel valued. They said, "I am very pleased with them. Everyone has been thoroughly polite and pleasant. We show each other our family photographs, etc. On the whole I am very pleased with them" and, "Oh, yes, we talk about holidays, food, family, everything." A relative told us, "They definitely have a good relationship. I can't stop them talking!"

People also told us that staff were always cheerful and polite. One person said, "The staff are always cheerful, you can have a good joke with them." Another told us, "They are polite and we have a friendly rapport."

People were treated with respect and dignity and confirmed that their privacy was respected. The service was part of the dignity champion national scheme, which promotes that everyone should be treated with dignity as a basic human right, not an optional extra. When we asked people if staff respected their privacy one person said, "Absolutely" and several people replied, "Definitely". One person said, "Yes, they always knock, and they always ask me if I want the curtains drawn." Staff explained to us how they ensured people's privacy was protected whilst they were providing personal care. One staff member said, "It is the little things. If you are washing them, make sure they are not exposed." People told us that staff never discussed their other people with them: confidentiality was respected.

Staff supported people with respect and gave them choices. We visited one person in their home, and staff were there providing support. Before the staff member left they asked if the person needed anything, if they wanted their bed adjusted and then gave them their coffee. They also made sure the person was able to reach their telephone and they had everything they needed.

People were encouraged to be as independent as possible. People told us that staff encouraged them to do



tasks themselves, if they were able and offered support in an encouraging way if there were things they could no longer do. One person told us that they struggled to do up buttons and other 'fiddly things.' They said that staff encouraged them to do other things for themselves like washing their face, and this ensured they were 'able to remain in control.'

Staff told us that most people did not require support to help them make decisions about their care, and those who did were supported by their relatives. No one at the time of the inspection was being supported by an advocate. (An advocate helps people to make informed choices.)

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. One person said, "They understand my needs very well." Others told us, "Nothing is too much bother." And, "They do [understand my needs] because new carers always read the book and ask questions when they start." One person living at Summer Court said, "It is lovely here. I like it. Nothing is too much trouble." A relative commented, "They [staff] do all that is asked of them."

Care plans should be personalised and contain a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. At our previous inspection, care plans did not always contain the necessary level of detail to ensure that staff provided person-centred support. They varied in detail and some required further information to ensure that people received care and support consistently, according to their wishes. At this inspection, we found a similar situation. Some care plans were detailed and contained step by step guidance regarding how to support people with their personal care and to move safely. However, others did not. We found instances when people's care plans stated, 'assist [person] to the bathroom' and 'support [person] to get up from bed to commode chair using hoist.' There was no detail regarding how staff should 'assist' or 'support' people to promote their independence, or in the way they preferred. Some people could be confused at times and may not be able to tell staff how they wanted their care to be delivered. When staff changed due to sickness or other absence there was a risk that staff who did not know people well may not support people in the way they wanted.

Previously, we identified that some people's care plans did not mention the support staff provided with a person's catheter. At this inspection, we again identified a person who received support with their catheter and this was not detailed in their care plan.

There was generic information regarding health care conditions such as diabetes and epilepsy in people's care plans. However, these were not person specific. One person was diagnosed with epilepsy. The generic information in their care plan described the signs of some types of seizures, however did not describe what the person's seizures may look like and the care plan did not say how often the person had a seizure. The generic information in the care plan also stated, 'Call 999 if this is the first seizure or if the seizure lasts over five minutes.' We asked staff about the person's epilepsy and were told that it was well controlled and the person had not had a seizure for some time. Senior staff told us they would expect staff to call for medical assistance immediately if the person were to have a seizure. However, the generic information indicated that staff should wait five minutes before seeking help as the person had had seizures in the past. There was a risk that staff working independently, in the person's home may follow the incorrect guidance and not seek medical help in a timely manner.

The provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew how to complain and had the relevant information in their homes to raise any concerns or issues. People who had raised small issues told us that the service had been very responsive, and had resolved the matter quickly. People who had not needed to complain told us they knew how to, and felt that any concerns would be dealt with appropriately. One person said, "Yes, they do treat me with respect. I have no complaints. We chat about everything." Other people said, "I have no complaints, but I have the number on the front of my care plan if I need to contact the office" and, "I have never had any problems, but I would certainly complain but have never had a reason to do so."

All complaints had been recorded, investigated and resolved. There were clear details of the process and what action had been taken. The registered manager apologised for any errors made and ensured that people were satisfied with the outcome of their investigations. If staff practice was not up to the standard the managers took appropriate action and in some cases withdrew the member of staff from the call or implemented further training and supervision.

People had complimented the service on their care, they had sent 'thank you' notes, such as, 'Thanks for looking after my relative, they could not have asked for more.' 'My relative's main carer was excellent. We cannot thank them enough for their kindness and looking after them so well.'

The service had previously supported people at the end of their life, but was not currently doing so.

## Is the service well-led?

### Our findings

People told us that they thought the service was well-led. One person said, "Yes, they are efficient. I get on very well with them". Another person told us, "The management is very good." People commented that the service was well organised and the management team were competent and efficient. They said, "They are very, very, well organised. Overall, they are 15 out of 10. They are top of the list. Meritum are absolutely wonderful." "They are very well organised. They know exactly what they are doing." "I do think that they are very good. They seem to know their job." "They are well organised. I would rate them well." And, "Overall it is very good."

At our last inspection there were two breaches of the regulations. The provider had failed to ensure that information within people's care plans reflected their assessed needs, necessary guidance regarding how risks were mitigated was not always clear or accurate and medicines were not being managed safely. Although some improvements had been made there remained shortfalls in the detail in people's care plans and the safe management of medicines.

The audits and systems in place to check the quality of care were not fully effective. They had not identified the shortfalls found at this inspection. The provider sent CQC an action plan stating they would be complaint with the regulations in December 2016, but at the time of this inspection appropriate action had not been taken to ensure compliance.

Accidents and incidents had not been analysed to look for patterns and trends. We discussed this with the registered manager who had implemented a new system to address this issue on the second day of the inspection.

Records, such as body maps and those relating to medicine management had not always been completed. Care plans and risk assessments did not always contain the level of detail necessary to ensure staff provided safe, consistent support.

The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to mitigate the risks relating to the health, safety and well-being of people. Records were not always completed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their responsibilities and the visions and values of the service, they described the ethos of the service. They said, "We are doing the best we can to keep people safe, and make their lives better." "We treat people the way we would like to be treated ourselves." "People are treated with dignity and respect and we talk to people how they would like to be addressed." "You have to be mindful to treat people with equality and diversity; sometimes it's not what you say it's how you say it."

The registered manager talked about how the service valued the staff and their contribution to the organisation. They told us that every two months their names were put in a hat and the lucky winner was

awarded a small token of appreciation of their hard work and commitment to the service. A member of staff said, "They [the registered manager and the provider] are very supportive. It is a very caring company."

The registered manager had good oversight of the service and worked in the Folkestone office and also at Summer Court. A person at Summer Court said, "I know all the team and the managers; they all come up for a chat." A staff member from Summer Court said, "It is a great team here. [Senior staff] and [registered manager] are great. [Senior staff] is here all of the time." The registered manager was supported by a team of office staff who co-ordinated the care, completed care needs assessments, completed care plan reviews, staff supervisions and quality assurance.

The provider and management team were passionate about providing care to a quality standard. Staff spoken with told us they worked well as a team and were all involved in the continuous improvement of the service. People told us, "I think the service is well led, the registered manager is lovely and the staff are brilliant." The office staff assisted with the inspection and everyone was included in the feedback session about the inspection.

People were encouraged to voice their opinions and give feedback about the quality of care through meetings and surveys. A Quality assurance survey dated February 2017 was sent to people, staff, and health care professionals. Overall the survey was very positive with 97% of people feeling satisfied with the service. People's comments had been acted on if they had raised issues such improving the consistency of care. Results of the survey had been sent to people stating that they could visit the Meritum website for an update on responses, however there was no information on the website for the survey carried out in February 2017. This was an area for improvement.

People and health care professionals told us that the communication with the office was good and staff were polite and respectful staff. Staff told us communication with the office was good and they were responded to promptly. They were supported to raise any issues with the managers through regular staff meetings and supervisions. Staff were confident that the managers would act on their views or concerns to improve the service. They said, "The managers are honest and very supportive. This is a family orientated service who put people first."

The organisation was working in partnership with doctors, nurses, and pharmacists to develop a medication pathway to resolve any ongoing issues with people's medicines. The provider was a member of a working group with the local health authority to produce to improve medicine policy and develop practical solutions. They had also completed an advanced first aid course to provide all the first aid training to staff. The registered manager and senior staff had attended forums and workshops to improve their practice and keep up to date with current legislation.

Quarterly meetings with the local authority were held and the registered manager attended these strategy meetings to discuss the care sector and the future challenges in the care sector. They were members of the Kent Integrated Care Alliance to share good practice and ideas.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that

appropriate action had been taken. The provider had notified the Care Quality Commission of important events as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to adequately assess all risks relating to people's care and support.</p> <p>The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to mitigate the risks relating to the health, safety and well-being of people. Records were not always completed.</p>