

Meridian Health and Social Care Limited

Winwood Heights

Inspection report

Sevacare Office, Winwood Court
Chestnut Walk
Nottingham
NG5 4DX

Tel: 01159244682
Website: www.meridianhsc.co.uk

Date of inspection visit:
20 April 2023

Date of publication:
02 June 2023

Ratings

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

Summary of findings

Overall summary

About the service

Winwood Heights is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. The service provides support to younger adults, people with a learning disability, autistic people, people with mental health support needs, people with a physical disability and people living with dementia. There were 18 people using the service at the time of the inspection and 12 were receiving support with 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff provided support to people which ensured they maintained good health.

People were supported by staff who had been safely recruited and were trained to be able to effectively support people.

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.

Right Care:

Care was person centred and this was reflected in person centred care plans and risk assessments.

People were supported by friendly and caring staff so people received compassionate care, staff respected their choices and treated them with dignity.

Staff were respectful and supported people in a way that demonstrated they valued people's differences and equality needs.

Right Culture:

People received empowering support that enabled them to be as independent as possible.

Staff received guidance and leadership from the management team so people received care from staff that

understood how best to support them.

The provider was open, honest and responsive in relation to feedback during the inspection and committed to a culture of continuous improvement to improve people's quality of life.

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

This service was registered with us on 12 October 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about delivery of care and support and the culture of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Winwood Heights

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 3 relatives about their experience of the care provided. We spoke with 5 staff members. This included 3 care staff, the scheme manager and the registered manager. We reviewed a range of records. This included 4 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.

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 of this newly registered service. This key question has been rated good This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse.
- We reviewed a record of reported safeguarding concerns, investigation details and the outcome including if the concern was upheld by the local authority.
- The provider had an up-to-date safeguarding policy and staff confirmed they had received training in safeguarding.

Assessing risk, safety monitoring and management

- The provider assessed, monitored and managed risk and people's safety.
- We reviewed people's care plans which contained appropriate risk assessment documents.
- The scheme manager told us, "We carry out risk assessments specific to service users which we record on their risk management plan. We review yearly but, if circumstances change, will review and update then."

Staffing and recruitment

- Staff were recruited safely and there were enough staff to provide people with the care and support they required.
- We reviewed staff files which contained appropriate reference checks and we saw there was a record of DBS checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files contained a record of induction and supervision. Staff told us, "When I started they [provider] went through everything. I did shadow shifts, online training. I did moving and handling training, using a hoist, and stand aids. I felt I had enough training to do the job well."

Using medicines safely

- Medicines were managed safely.
- Records of people's support with medicines were completed in full, and people had a medication support plan in place to guide staff.
- Staff told us they had received training in the safe use of medicines, and people who received support with medicines confirmed staff had been trained.

Preventing and controlling infection

- Staff worked in line with the provider's infection prevention and control policy, staff had received training on the use of appropriate PPE, (personal protective equipment) and confirmed they had access to supplies

of PPE.

- Whilst it is no longer a requirement for staff to wear a mask at all times, we observed that staff were wearing masks. The site manager told us, "We are encouraging staff to wear masks as it makes some of the service users feel safer. We understand some people are more vulnerable to infection and respect if they want staff to wear a mask."

Learning lessons when things go wrong

- The provider used instances of when things had gone wrong as a learning opportunity.
- We reviewed records which demonstrated that incidents had been recorded, reviewed and any learning opportunities identified.
- The registered manager told us about a specific incident and learning outcomes. "We recognised that a staff member failed to identify a possible health concern for a person relating to diabetes. From the findings of the investigation, we retrained the staff member. We also sent a memo and diabetes information sheet sent to all staff to raise their awareness of the matter to avoid a recurrence."

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 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 needs and choices were assessed, and care was delivered in line with standards, guidance and legislation.
- We saw that an assessment was completed before people started to receive care. The assessment detailed people's care needs, likes, dislikes and choices.
- The service had access to an assessment apartment which people could stay in to experience the support and help them to make an informed choice about the type of support they needed.

Staff support: induction, training, skills and experience

- Staff receive an induction, training and their skills and experience were considered as part of this
- Staff confirmed they had received training, including refresher training as required, as well as competency assessments and practice observation completed by the scheme manager.
- The scheme manager completed supervision with staff and provided them with support. One staff member told us, "We have got a good manager who listens and wants the best for people."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We saw information recorded in people's care plans and daily notes regarding the support they required, and had been provided, with food and drinks.
- The speech and language therapist had provided input into 1 person's care and provided the following feedback to the team, "Staff have followed everything I stated in the regime regarding eating and drinking for [Name]."

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

- Staff worked with other agencies to provide consistent, effective and timely care.
- We saw information in people's care plans about other agencies and professionals involved in people's care. For example, their GP, district nurse and social work team.
- The scheme manager, staff and people confirmed that staff worked with other agencies to ensure people received effective care.

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

- People were supported to live healthier lives and access healthcare services and support.
- Details on health professionals involved in the persons care and support were recorded in care plans and

staff had awareness of what additional health input people received.

- Staff considered people's physical and mental health. One staff member told us, "Even simply going for a walk and having a chat with someone makes a difference."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA, no one was being deprived of their liberty when we inspected.
- Staff understood the principles of the MCA. One staff member told us, "People with capacity have the right to make an unwise choice, it's part of being human."

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 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 were well treated and supported and their equality and diversity was respected.
- People's equality and diversity was considered at assessment and recorded in their care plans. One staff member told us, "[Name] is from a [Country] background and we support with preparing traditional foods that they enjoy."
- One relative told us, "All the carers are very nice, they come in and say hello and ask how I am, staff are really polite and respectful."

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

- People were supported to express their views and be involved in making decisions about their care.
- The scheme manager told us, "We have a service user forum which asks for feedback on the service provided, feedback about staff, people's call times, and their thoughts regarding their care."
- One person told us, "Staff or management ask me for feedback every 3 months to see if I am happy with the care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- One person told us, "I like female staff to help me with washing, and they [the provider] always send ladies to support me."
- During the inspection we observed staff treated people with dignity and respect and supported them to be as independent as possible.

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 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

- People's care was personalised and ensured they had choice and control and their needs and preferences were met.
- People's care plans were person centred and identified people's preferences and promoted choice. A staff member told us, "I keep people involved and making choices about their care."
- We saw information in people's care plans regarding reviews they were part of, as well as consent to care being obtained. One person's care plan detailed that the person was unable to sign the consent form due to a medical condition but would give verbal consent regarding choices about their care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, including sensory impairment, were considered and recorded in people's care plan. For example, we saw that 1 person's care plan detailed that they needed staff to speak clearly as they had a hearing impairment.
- The registered manager and scheme manager had a good understanding of the Accessible Information Standard. The scheme manager told us, "There are different forms this may take for example using larger print or easy read information and pictures."

Improving care quality in response to complaints or concerns

- The provider improved care quality in response to complaints and concerns.
- The service had an up-to-date complaints policy and complaints were documented and had been reviewed by the registered manager.
- We reviewed 1 complaint and saw that an investigation had been completed by the registered manager, a follow up letter was sent to the complainant, and that person's care plan had been reviewed and updated further to concern.

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 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

- The provider promoted a positive, person-centred culture that was open, inclusive, and empowering and achieved positive outcomes for people.
- We saw that care plans were being reviewed to include outcomes and goals for people using the service further to the registered manager implementing changes to the documentation used.
- The scheme manager told us, "I like to get to know all of my service users, get to know what makes them tick and what they want to achieve both short and long term and support them to achieve this."

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 provider understood and acted upon the duty of candour.
- We reviewed documents which evidenced the provider had been open and honest when things had gone wrong, they had contacted the local authority and CQC as well as family members.
- The scheme manager told us, "We have an open and transparent procedure and do not hide anything. We apply this to everyone; people, staff, management, and outside bodies as well as family if they are involved."

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

- Management and staff were clear about their roles and understood, risk, quality performance and regulatory requirements.
- All the staff we spoke with told us about their role and who they escalate any concerns to ensure risk and quality issues were addressed by the right people. One staff member told us, "If I speak to the manager about any risk issues, I know they listen and will respond appropriately."
- We saw the management team had a quality auditing process and reviewed documents, and made updates, as required. Any issues found were reported to the appropriate authority, for example making statutory notifications to the CQC.

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

- The provider engaged and involved people using the service, the public and staff and considered their equality characteristics.
- We observed throughout the inspection that feedback had been sought from people, family members and

staff and information provided in different ways to support engagement. For example, the service provided people thinking about using the service with a brochure of information.

- The registered manager told us about an open day being organised jointly with a housing provider, for members of the public to showcase the service available.

Continuous learning and improving care

- The provider adopted a culture of continuous learning and improvement at the service.
- The registered manager gave an example of a recent whistle-blowing concern they had responded to. "I investigated the concern and couldn't find any evidence but we sent all staff on a practical moving and handling course for reassurance for ourselves and to ensure all staff were clear about this part of their role."
- The management team and staff told us that additional training and support was regularly discussed, and they recognised how their continuous learning and development improved the care people received.

Working in partnership with others

- The provider worked in partnership with others.
- We saw evidence throughout the inspection of the provider working in partnership with people using the service, family, and professional bodies, including the pharmacy and occupational therapist.