

Mersey Valley Care Limited

# Mersey Valley Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Mersey Valley Care is a domiciliary care service based in Sale, that provides support and personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection 7 people were receiving support with personal care.

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

Governance and performance management systems were not always effective. The quality of information in people's care plans varied and some records we looked at did not include information about individual risks.

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. However, the systems at the service did not support this practice. Decision specific mental capacity assessments had not been not carried out to establish if people had the ability to make informed decisions. Best interest decisions had not been appropriately completed and recorded.

Assessments to identify any risks people using the service and to the staff supporting them had not been completed. Where risk assessments had been completed there was not a robust system to keep them under review. We have made a recommendation about this.

The provider and the registered manager had not created strong systems to promote people's safety in terms of the recruitment of suitable staff.

The provider had failed to ensure that staff received the appropriate support and training necessary to enable them to carry out the duties they are required to perform. We found instances of high numbers of e-learning courses that had been completed by staff in one day. This raised concerns regarding the ability of staff to process, retain and reflect upon training completed.

People and their relatives told us they felt safe, and staff were aware of their role in safeguarding people from abuse. There was a sufficient number of staff to meet people's needs. Staff felt there was an effective communication system in place to provide consistent care, and referrals to healthcare professionals were made where required.

### Enforcement

At this inspection we rated the service as requires improvement. We identified six breaches of regulations, in relation to safe care and treatment, fit and proper persons employed, need for consent, person-centred care and good governance. Please refer to the end of the report for action we have told the provider to take.

Rating at last inspection.

The service was first registered with the CQC in September 2018. This was our first inspection of this service.

#### 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.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Mersey Valley Care

## 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

This inspection was carried out by two inspectors.

#### Service and service type

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

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 the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 2 September 2019 and ended on 11 September 2019.

#### What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives 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. We contacted local authority commissioning team to check if they had any intelligence on this service. No information was provided.

#### During the inspection

We spoke with three people and three people's relatives who used the service, this also included visiting two people with their prior permission. We spoke with six members of staff including the director, registered manager, care coordinator and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff had been trained to give people their medicines, but their competency to do this safely had not been assessed in line with NICE guidance.
- The provider had audited people's medicine records, but several issues such as missing signatures and illegible handwritten Medication Administration Records (MARs) entries had not been identified and therefore investigated, to ensure the safe management of people's medicines.
- We found for one person no records were in place to show how pain relief medicine patches were managed. This meant there was no record to detail where the patches were applied. The registered manager confirmed they would implement new records during our inspection, we will check the progress of this at our next inspection.
- Prior to taking on new packages of care the service did not have systems in place to undertake a medicines risk assessment to determine the level of support people required with their medicines. We noted one person's relative would also administer their family member's medicines on occasions. We noted no system was in place to ensure this process was safely managed. The registered manager acknowledged our observations and confirmed this person's medicines would be reviewed.

### Assessing risk, safety monitoring and management

- Risks for people were identified in their care plans, however, there was no guidance in place for staff on how to manage those risks, in order to keep people safe. For example, one care plan stated that [name of person using the service] was not able to mobilise independently. There was no detail on what moving and handling techniques should be used by staff to mobilise [name of person using the service] safely and protect both them and the staff from the risk of harm.
- Care staff that we spoke with told us how they were supporting people to mobilise, which provided us with assurances that they understood people's routines. However, limited information captured in the risk assessments and care plans potentially put people at risk of receiving unsafe care.
- We requested to view the emergency business continuity plan, however we were told by the director this was not available as the master copy had been retained by their bank. This meant practical information such as emergencies contacts and telephone numbers for agencies which could be called upon if there was a shortage of staff was not available. The director and registered manager confirmed they would ensure an emergency business continuity plan would be soon in place as a matter of urgency.
- Risk assessments lacked detail and did not provide guidance for staff on how risks could be mitigated. For example, environmental risk assessments were generic and did not fully consider potential risks. We visited one person's home and identified two potential risks, which had not been reflected in the current environmental risk assessment form, such as risks to the person being locked in and the use of the stairs. We

shared our concerns with the registered manager who acknowledged our observations and confirmed the risk assessment would be reviewed. This lack of detail was consistent across all the risk assessments we viewed.

The provider had failed to assess and manage risks relating to people's health and welfare, including those associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The suitability of care staff was checked during recruitment. However, we found that for two staff members there was no evidence available that they had received all the checks they should have before starting work in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.
- The provider had not sought information regarding both staff member's full employment history and their most recent references working in health and social care had not been officially obtained. We found the director of Mersey Valley Care had completed both references as they had worked with the two staff members at their previous employment. We were not satisfied the service had done all necessary to ensure they requested the appropriate references from the staff members previous employment, to make a decision if these staff members were of good character to work with vulnerable people. During the inspection the registered manager had started to review the incomplete staff files.

The above demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rotas showed, and staff told us that staffing levels were sufficient. People told us that staff arrived when they should and stayed for the right length of time.
- One person's relative told us, "The staff that visit my mum are great. We have the same carers, but sometimes new staff are introduced which can be unsettling for mum."
- Staff told us they had sufficient travel time and did not feel rushed. One staff member said, "Travel time is always considered, I don't feel rushed."

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and CQC.

#### Preventing and controlling infection

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks were conducted by senior staff who noted the correct use of PPE.
- Staff us they kept a stock of gloves and aprons and they collected stock from the office whenever they needed it.

#### Learning lessons when things go wrong

- Whilst we had identified concerns with the management of medicines, we saw evidence that a medicines error had been identified and investigated fully, and discussed with the staff team to ensure lessons were learned.
- Staff were aware they needed to report any incidents or accidents to the office if they occurred. The provider had investigated these. However, we found all incidents or accidents were recorded in the office



communication book along with any other queries from the people their relative or staff. This meant incidents or accidents were not routinely reviewed to check for trends. During the inspection the registered manager confirmed they would set up a separate recording system for this. We will review the progress of this at our next inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The care staff did not receive effective training to ensure they had the skills necessary to meet people's needs or meet legal requirements. There were no comprehensive records to show if staff members were up to date with training that was necessary for them to be effective in their roles and deliver care safely.
- Training records we did observe showed three staff members had not yet completed moving and handling training. The registered manager and rotas confirmed these staff members always worked with experienced staff when undertaking moving and handling tasks. The registered manager acknowledged these staff members should have already undertaken this training. Following our inspection, the registered manager confirmed that the three staff members had been enrolled on moving and handling training. We will follow this up on our next inspection to check this has happened.
- Training was predominately delivered via e-learning. Discussion with staff and examination of training certificates confirmed that staff had completed a large number of these courses within a short period of time. We noted one staff member completed 16 training courses in one day, which equated to 23 hours of learning. This raised concerns regarding the learning and development systems in place at Mersey Valley Care. Furthermore, it raised concerns regarding the ability of staff to process, retain and reflect upon training completed as some staff spoken with lacked awareness of the training courses that they had completed and course content.
- Staff did not receive regular supervision to ensure they were supported in their role. We viewed the records of five staff, which indicated they had not yet received a supervision. The registered manager was unable to explain how often staff should receive supervisions. This along with failures in the training process, meant people were at risk of staff being ineffective at their role.

A lack of comprehensive training systems and staff supervisions meant that people were at risk of receiving care from staff who were ineffective at their role. This was a breach of Regulation 18 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service did not always seek consent to care and treatment in line with legislation and guidance. It was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.
- One person's care record contained inconsistent information about whether they had capacity to manage their own medicines. Their care plan indicated staff had full control of their medicines, but we saw no mental capacity assessment or best interest decision to support this.
- We found a similar occurrence for a second person. The registered manager told us this person's GP had stated that the service could administer their medicines covertly. However, there was no mental capacity assessment and best interest decision to confirm this was in their best interest. This was against national guidance and standards.

The failure to act in accordance with the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found people's needs and choices had not been assessed by the provider before the service started delivering care to ensure their needs could be met. The registered manager confirmed the service predominately followed the assessment from the commissioners, local authority or NHS before undertaking people's care.
- However, important information was missed from people's risk assessments and care plans due to no formal assessments in place, such as people's medical history and any risks to them. This meant that the service may not know the full needs of the person before they start delivering care.
- The service was not always delivering care in line with current guidance and law. People did not have mental capacity assessments and medicine administration and recording was not in line with current national guidance.

We recommend the provider introduces a comprehensive pre-admission assessment to ensure it fully captures people's assessed needs.

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

- Where this was part of the agreed care provision, staff supported people to have access to food and drink of their choice.
- Care plans contained limited information about people's food likes and dislikes.
- Staff had been provided with training on food hygiene, however these courses were undertaken in a short period of time, which meant the quality of this e-learning training had not been checked by the provider.

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

- Most people, or their families, arranged their own healthcare appointments. Where staff supported people with appointments we received positive comments about how staff helped people to access healthcare services.
- Staff told us how they would recognise if people's health or wellbeing was deteriorating and they spoke of

the importance of seeking medical advice to address this. For example, staff described the signs which may indicate that people may be experiencing a urine infection.

# 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

- Staff treated people with kindness and compassion. Staff interacted well with people and their relatives when providing care and support.
- Staff were friendly and caring towards people and knew what mattered to them. One person told us, "I like the staff. They are like family to me." One person's relative told us, "I feel very assured with the staff. They are always friendly and show a great deal of compassion towards mum."
- Although the care plans lacked detail and background information we were assured the staff we spoke with had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them. One staff member told us, "I know [person's name] very well. I support [person's name] six days a week three times a day so I have a close relationship with them."

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

- People were involved in day to day decisions and had control over how their care was provided. Where appropriate relatives were also involved in decisions about people's care.
- Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support. However, we found people's care plans lacked this detail.
- Some people told us the registered manager had visited them to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. Staff supported people to maintain their independence.
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected, and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans did not give information to staff about their personalised care needs such as dementia, cerebral palsy or mental health. Care plans we reviewed had limited information about these personalised needs.
- One person living with dementia did not have any information about how this may affect their life or what staff could do to support them. For example, this person had episodes of confusion which at times could lead to aggressive outbursts. Another person's pre-admission assessment completed by the local authority identified they had cerebral palsy. However, this person's care plan made no reference of this and indicated in their care plan they had 'good general health and mobility is poor'. This meant staff were not equipped with the person's personal information to better understand their condition.
- People's care plans held either little or no information about people's likes, dislikes and preferences. There was no information in people's care plans about their life history and things which were important to 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.

- People's care plans contained minimal information about their communication needs.
- The provider informed us they were able to produce documents in other formats if required, but stated they had not yet needed to produce care plans in line with AIS.

End of life care and support

- No one was receiving end of life care at the time of our visit.
- People's wishes about the care they would like to receive at the end of their life was not included in care plans.

Not providing staff with information about people's personalised care meant people may not receive individualised care. This is a breach of Regulation 9 HSCA RA Regulations 2014; Person Centred Care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. No formal complaints had been received. In discussion with people and their relatives they confirmed they had not made any complaints.
- People were generally confident that their complaints had been listened to and acted upon.

# 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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager/provider had been running the service for just over 12 months. The registered manager also received assistance from a care coordinator who worked in the office on average three days a week. The director was also regularly present at the office and would undertake administrative task, such as payroll.
- The registered manager did not provide effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, we had identified concerns at this inspection relating to medicines, staff recruitment, staff supervision and training, risk assessments, care plans and the mental capacity act. However, there were no auditing systems currently in place to check these systems were operating effectively. Random checks of medication charts were being undertaken, however had not picked up on the concerns we had identified during this inspection.
- We checked to see if there were any provider level audits being undertaken of the service to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. We spoke to the registered manager who confirmed the director did not undertake any audits of the service.
- The provider did not have robust systems in place to implement and monitor safety and quality of the service. Audits were not undertaken, which meant the manager failed to consider all areas of the service. The registered manager responded to our feedback and began to implement changes during the inspection.

Systems were not robust enough to demonstrate quality and safety was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had created a positive culture. People felt staff provided good care to them. Their relatives agreed. People felt safe with staff, satisfied and confident in their abilities, and generally said they enjoyed their company.
- Comments from staff included, "[Managers name] is a great manager. He will always do his best to help you" and "I love working for Mersey Valley, I feel respected and I know [managers name] is doing his best."

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 this and the importance of this.
- During the inspection they were open and reflective to the issues we raised. They told us that they would make the required improvements.

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

- Two staff meetings had been held which was an opportunity to share information about changes and updates to the service. However, we found the service failed to ensure staff received regular supervisions.
- The provider had not yet started to process to obtain people's views via questionnaires. The manager confirmed this was due to take place. We will review the progress of this at our next inspection.

Continuous learning and improving care; Working in partnership with others

- We found continuous learning and improvements to care were inconsistent. There were no firm systems in place to enable the manager to monitor the quality of the service.
- The registered manager had not developed a culture of continuous learning. They became aware of this need during the inspection process. They needed to improve their own knowledge and understanding in key areas of their work.



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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Not providing staff with information about people's personalised care meant people may not receive individualised care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The service did not always seek consent to care and treatment in line with legislation and guidance.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The recruitment systems in place to ensure staff were suitable to work with adults was unsafe.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  A lack of comprehensive training systems and staff supervisions meant that people were at risk of receiving care from staff who were ineffective at their role.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess and manage risks relating to people's health and welfare, including those associated with medicines.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to demonstrate quality and safety was effectively managed.

### The enforcement action we took:

Warning notice