Meritum Integrated Care LLP

Meritum Integrated Care LLP (Ashford)

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Meritum Integrated Care LLP (Ashford) provides care and support to people in their own homes. The service is provided to mainly older people and some younger adults. At the time of the inspection there were approximately 100 people receiving support with their personal care. The service provides care and support visits to people in Ashford and surrounding areas.

The service is run by an established registered manager. A registered manager is a person who has 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.

People told us they received their medicines when they should and felt their medicines were handled safely. However there were shortfalls in some medicine records and a lack of guidance about an area of medicine management to help ensure risks associated with medicines were reduced.

Risks associated with people's care and support had been identified, but there was not always sufficient guidance in place for staff, to aid risk management and help ensure people were safe.

There were audits and systems in place to monitor that the service ran efficiently. These had been effective in identifying most of the shortfalls highlighted during the inspection, but not all. The provider was implementing new systems to address some of the shortfalls. Most people felt the service was well led and that communication with the office was polite and courteous. People had opportunities to provide feedback about the service provided to help drive improvements.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People were involved in the initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. Care plans reflected the care and support people received. People told us their independence was encouraged wherever possible.

People had their needs met by sufficient numbers of staff. All of people's visits were allocated permanently to staff schedules and these were only changed when staff were on leave. Most people told us staff generally arrived on time. People on the whole received a service from a team of regular staff. New staff underwent an induction programme, which included relevant training and shadowing experienced staff, until they were competent to work on their own. Staff received training appropriate to their role and nearly all of the staff had gained qualifications in health and social care or were working towards this.

People told us their consent was gained at each visit. People were supported to make their own decisions

and choices. No one was subject to an order of the Court of Protection, or had Lasting Power of Attorney arrangements or a Do Not Attempt Resuscitation (DNAR) in place. People were able to make their own decisions, although some people chose to be supported by family members. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were supported to maintain good health and they told us staff were observant in spotting any concerns with their health and taking appropriate action.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

There was an open and positive atmosphere in the office and staff were committed to improving the services people received. The provider's aim for the service was included in literature people received and we found these principles were followed through into practice. New systems were being implemented to aid the effective running of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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 always safe.

There were shortfalls in some medicine records and a lack of guidance about an area of medicine management to aid risk management.

Risks associated with people's care had been identified, but there was not always sufficient guidance about how to keep people safe.

People's needs were met by sufficient numbers of staff and these were kept under review.

Is the service effective?

Good

The service was effective.

People's care and support was delivered by staff whose knowledge and training was up to date, to ensure it was effective.

People were able to make their own decisions and staff offered choices appropriately.

People's health needs were met and staff were observant in spotting concerns and took appropriate action.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected the care and support they received and included their wishes and preferences.

People had opportunities to feedback their views on the service provided to help drive improvements.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were audits and systems in place to monitor the quality of care people received. These had identified most of the shortfalls highlighted during the inspection, but not all.

People felt the service was well led and most felt the communication with the office was polite and courteous.

There was a registered manager who was supported by a team of senior staff team who worked hard to deliver a service to people. The registered manager and senior staff were open and committed to driving improvements.

Meritum Integrated Care LLP (Ashford)

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 checked 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 inspection took place on 22, 23 and 25 November 2016 and was announced with 48 hours' notice. The inspection carried out by an inspector 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. The expert by experience had personal experience of caring for a family member. This was the first inspection since the service had moved and registered at the new offices in Sycamore House.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at 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.

During the inspection we reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with 17 people who were using the service, three of which we visited in their own homes, we spoke with six relatives, the registered manager, the company director and five members of staff.

Before the inspection we sent surveys to people who used the service, relatives and professionals who had had involvement with the service. We received feedback from 16 people who used the service, six relatives

and two professionals.

Prior and following the inspection we received feedback from five health and social care professionals who had had contact with the service, which was positive.

Requires Improvement

Is the service safe?

Our findings

Most people and relatives told us they felt safe when staff were in their homes and when they provided care and support. Comments included, "Yes, he's fine, not worried about anything". "Seen them help Mum get up the stairs, this was done safely". "I am safe. I am sure they know what they are doing". "They do things very carefully, the way I like it, I would be nervous otherwise, but I trust them".

People told us they felt they received their medicines when they should and staff handled them safely. One person told us how they had had a problem with the supply of one type of medicine and how staff had "sorted" this. However people were not fully protected against all the risks associated with medicine management.

There was medicines policy and procedures in place, which had recently been reviewed and updated. This included a procedure for medicine administration, including a step by step guide to administer eye drops, eye ointment, ear drops and inhalers and guidance on administering medicines prescribed 'as required' or 'as directed'. Staff had received training in the management of medicines and their competency was checked by senior staff.

A medicines risk assessment had been undertaken for each person. This clearly identified who managed/administered the person's medicines. However where the arrangements were different for topical medicines and staff administered these, this was not identified within the risk assessment. People had consented to the arrangements in place by signing their risk assessment, but there was a risk that staff would be unclear about whether they should apply any topical creams.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage skin conditions, there was generic guidance in place regarding the administration of these medicines when the person had capacity to direct staff. However this guidance and other information in place did not fully mitigate the risks when handling these topical medicines. For example, although most people had a body map in place to identify where creams/sprays should be applied not all did and there were no instructions about what the creams/sprays were for and therefore when it should be applied, such as to prevent skin damage and applied when skin is red or sore. This could result in people not receiving their topical medicine consistently or safely. The provider had developed a template form to address this shortfall and told us this would shortly be implemented, to ensure all the information would be detailed.

Medication Administration Record (MAR) charts were in place where staff were involved in the administration of medicines. Where staff were involved in the administration of medicines from a dossette box (monitored dosage system) there were no records of what medicines the dossette box contained, so we were unable to ascertain what actual medicines had been administered to people. During the inspection the guidance produced by the Commission in December 2015 regarding what records should be in place was discussed.

Risks associated with people's care and support had been identified. For example, risks in relation to

people's environment, falls and moving and handling people. People told us that they felt risks associated with their care and support were managed safely. However needs assessments and care plans did not always show what actions staff were taking to reduce these risks. They just stated that staff were to monitor record and report any changes. One person had diabetes, but there was no guidance about what staff should do if they became unwell due to their diabetes, although staff did tell is this was in place for other people with diabetes. One risk assessment stated that the person was at risk of urine infections, but there was no detail about how this was managed. Where people had catheters in place there was no detail about how staff managed these, staff monitored the output of urine, such as the colour, but risk assessments did not detail this. Staff talked about how in one person's home, which was untidy, they ensured the walkways were kept clear, but this was not recorded.

The provider had not fully mitigated the risks to people's health and safety or in relation to the safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had further developed their MAR chart to include a set of appropriate codes that staff should use when they did not actually administer people's medicines, so it was clear as to why people had not received their medicines. This was starting to be implemented during the inspection.

The registered manager told us they had a risk assessment in place for events, such bad weather. These included measures, such as access to 4x4 vehicles, staff working locally to where they lived, to ensure people would still be visited and kept safe. One person told us, "Excellent service provided in a very rural location, which carers are challenged to reach - but they always do".

People were protected by safe recruitment procedures. We looked at three recruitment files of staff that had been recruited this year. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. Most staff felt there was sufficient staff to meet people's needs on the whole. The registered manager kept staffing numbers under review and told us that the service had an ongoing recruitment programme in place and turnover of staff was low. At the time of the inspection there were further staff going through recruitment checks or undertaking their induction training before they would start work. Senior staff told us 100 per cent of people's visits were allocated permanently to staff schedules and these were only then changed when staff were on leave or sick. There was an on-call system covered by senior staff, which was support by management when required.

Most people told us that staff "more or less" arrived on time and when they were expected barring emergencies. A few people talked about the organisation of visits as a reason staff did not always arrive on time. Staff told us they generally worked in a geographical area. Most staff felt there was sufficient traveling time on their schedules, although there were two examples given where this was not the case and action was taken by senior staff to resolve this immediately. The registered manager told us they would write out to staff so any other examples could be identified and resolved. The provider's contract with people allowed a half an hour tolerance either way in the timing of their visits and in records we checked nearly all visits were within this tolerance. There was one example of one staff member outside of this due to them changing their visits around without informing the office and the registered manager told us this would be addressed with the member of staff. Most people said staff "usually" stayed the full time or did all the tasks required. One person commented that on occasions staff stayed longer than the allocated time and a few people told us, "They always ask if there is anything else they can do".

People were protected from harm or abuse by staff. There was a clear safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been no safeguarding alerts since the service had registered, although the registered manager was familiar with the correct process to follow should any abuse be suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Good

Is the service effective?

Our findings

Most people and relatives were satisfied with the care and support they received. Comments included, "They give me a thorough wash, do a proper job". "They always do a thorough job and leave my place as I expect it". "Well pleased with the treatment I'm having". "I confirm that I am very happy and satisfied with Meritum. They have been very good from the outset. I recommend them highly".

Most people told us they usually received their care and support from a team of regular staff and were happy with the number of staff that visited them. People felt that the better the continuity the better their satisfaction. One person said, "We have got a routine now and things run smoothly". Records confirmed that people were visited by regular staff and some people received better continuity than others. Senior staff told us that following an initial phone call where they discussed people's needs they matched members of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. Records and discussions with people showed that when people were not happy with a particular staff member there had been no problem with changing. When people did not want a particular care worker this was recorded on the computer system, which blocked them from being scheduled to undertake visits to that person. Most people said they usually knew who was coming because staff told them although this was not always the case for people at weekends. The registered manager told us people could receive a schedule of their visits in advance if they requested this.

People had signed their care plans and risk assessments as a sign of their consent. People said their consent was also achieved by staff discussing and asking about the tasks they were about to undertake. One person told us, "I can have what I want".

Staff were trained in the Mental Capacity Act (MCA) 2005. The registered manager told us that no one was subject to an order of the Court of Protection or had Lasting Powers of Attorney arrangements in place or a Do Not Attempt Resuscitation (DNAR) order. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. In discussions the registered manager demonstrated they understood the process that would be followed.

Most people and relatives felt staff had the right skills and knowledge to provide care and support that met people's needs. One person commented, "Yes they are competent, they know what they are doing". Another person said, "They vary in quality, all get the job done, but some are better than others". A social care professional told us, "In regards to one of the clients they have supported for some time, they are able to report immediately with any changes in personality or health. They have a good working relationship with this (person) and offer understanding with their needs and mental health behaviours and report to the office straight away".

Staff understood their roles and responsibilities. Staff had completed an induction programme, which

included shadowing experienced staff, attending training courses and completing knowledge tests and staff also received a staff handbook. The induction was based on the Skills for Care Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager had a programme in place to ensure that all staff, however long they had worked at the service had training to meet this specification.

Staff attended training courses relevant to their role, which were refreshed. This included food hygiene and nutrition, safeguarding vulnerable adults and the mental capacity act, fire safety, infection control, medicine administration, general care enablement and end of life, moving and handling and health and safety.

The provider had recently introduced an emergency first aid at work training course accredited to OFQUAL. OFQUAL is the office of Qualifications and Examinations Regulations, which regulates qualifications, examinations and assessment in England. Seven staff had so far obtained their certificate.

The service had 27 care staff and 17 had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above and another five were working towards the qualification. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

Staff felt well supported and received opportunities for support and supervision. Staff felt senior staff were always available and approachable. Staff told us they received spot checks on their practice. Spot checks were undertaken unannounced, by senior staff, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice, such as communication and offering choices, privacy and dignity and encouraging independence. Staff received an annual appraisal and they told us they had had opportunities to discuss their learning and development. Team meetings were held where staff were able to discuss any issues and policies and procedures were reiterated.

People's needs in relation to support with eating and drinking had been assessed and were recorded. Most people required minimal support with their meals and drinks if any. Staff told us where people were at risk of poor hydration measures were in place to reduce these risks, such as leaving drinks within reach. Staff usually prepared a meal or snack from what people had in their home and people felt what was prepared was "nice". Special diets were supported including diabetes. One person used a straw, which enabled them to be more independent. People said staff encouraged them to drink enough and would leave snacks or drinks for them to have later.

People were supported to maintain good health. People and relatives told us staff were observant in spotting any concerns with people's health and took any appropriate action when they were concerned. One relative said, "They always communicate with me if they have any concerns on a day to day basis, which is so much appreciated". The provider had developed detailed factsheets relating to conditions staff were most likely to come across to help ensure people remain healthy, including dementia awareness, warfarin awareness, continence awareness, anaphylaxis, angina and heart attacks, diabetes and epilepsy and seizures. Staff talked about when they had come across situations when people had been unwell. One person had been poorly and in pain, so staff telephoned 111 and then telephoned an ambulance and the person was admitted to hospital. One relative told us, if their family member had a "sore or rash they (staff) have picked it up. They tell me and put it in the book. They are here when the nurse comes and tell her". Another relative said, "They (staff) spotted Mum had a rash, it turned out to be shingles".

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring and listened to them and acted on what they said. People were relaxed in the company of staff and they and relatives were complimentary about the staff. Comments included, "Very nice, very helpful". "I mainly have (member of staff) she is very very good". "Very good, very friendly, my wife is very happy". "All very nice, I get on with them well, friendly and pleasant; always ask if I need anything else doing before they go". "Very good, all of them, everyone who has been in to me. Always kind, wonderful. The chat you get means everything to me; it brightens up your day". "Always gentle and very kind". "Extremely kind". "All been very good, very kind and caring". "Exceedingly good, kind, considerate". "Friendly people, always call a cheerio". "I'm jolly pleased I've got them coming in". "Very pleasant people".

One social care professional told us staff were caring and treated people with dignity and respect.

Most people and relatives felt staff treated people with dignity and respect and that the staff were kind. One person said, "They are very good in that respect". People were asked during review visits undertaken by senior staff if they were happy with standard of staff visiting them, if staff treated them with respect, if their privacy was respected and if they felt they had a right of choice and all those seen contained positive comments. Some people talked about staff that 'Went that extra mile'. One person told us, "(member of staff) is so jolly and friendly, she makes my day". Another said, "(Member of staff) is really on the spot, you can joke with all the carers, they are bright and cheerful and give me a good start to the day. One used to sing in the morning and that brightened me up". One relative told us, "(Family member's) carers were wonderful and enabled me to keep him home until the last two weeks of his life. I wish I had asked for their help long before I did".

During the inspection senior staff took the time to listen to feedback and answer people's questions. We observed a member of staff at a person's house; we saw there was a good rapport between the person and the staff member with the staff member demonstrating a patient and caring approach.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

People and relatives told us people's independence was encouraged wherever possible. One relative told us, "All the carers have been delightful and very professional and have given our family member an opportunity to stay living independently, which is her definite wish". People were also asked during visits from senior staff if they felt that they maintained their independence to their full capacity and those seen had replied "Yes". Social care professionals felt people were encouraged to be independent, one told us, "The agency works closely with me and provides support workers to aid service users to regain independence. The agency and its staff communicate closely with myself and service users in developing

and reviewing rehabilitation plans to support them to regain independence and to return to living independently within the community".

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People told us that senior staff visited periodically to talk about their care and support and discuss any changes required and reviewed their care plan. People felt care plans reflected how they wanted the care and support to be delivered.

The registered manager told us at the time of the inspection people did not require support to help them with decisions about their care and support, but if they chose to, they were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they had their privacy respected. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect.

The registered manager, directors, senior staff and other staff were dementia friends. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. Staff were encouraged to sign up during their induction and as a result dementia training for all staff had been delivered.

Good

Is the service responsive?

Our findings

People told us they were involved in the initial assessment of their care and support needs and in planning their care. One person told us, "A lady came from the office for a chat, to see what I needed". Some people told us their relatives had been involved in these discussions. Assessments were undertaken by senior staff. In addition when contracting with the local authority the service had obtained some information from health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person. People had signed records showing their consent for care and support to be delivered in line with their assessments and care plan.

Assessments of people's needs included areas, such as physical well-being and medical history, personal care, nutrition, daily life and communication.

Care plans were developed from discussions with people, observations and the assessments. They contained information about what support people required. This included what they could do for themselves and what help they needed from staff. Care plans contained information about people's wishes and preferences in relation to their personal care and where staff would find things that they needed to support the individual. They did vary in detail with some better than others and senior staff continued to work to ensure they were as person centred as possible.

People told us senior staff came out "usually annually, unless it changes" to review their care plans. Care plans reflected records made by staff and discussions with people about their care and support during the inspection.

People felt they got the care and support they wanted that reflected their preferences and wishes. The registered manager and staff were knowledgeable about people's preferred routines that they visited.

People were not socially isolated. Some people said they looked forward to the staff visits each day and told us this in itself sometimes ensured they were not lonely. One person told us, "I get comfort when they are here". Another person said, "They chat, being on my own I like a chat". Others were supported to get ready to go to groups or clubs in the local community. One person talked about a member of staff taking them to a club they liked each week. Another person talked about how staff had arranged for someone to come round who asked if they wanted some company, they now receive a visitor once a week who chats with them. One relative talked about how staff came to sit with their family member so they could have a break. Other people had good family support or visitors or were able to get out and about in the community.

People told us they knew how to make a complaint and if they had complained previously most felt the service had responded well to any concerns raised. The complaints procedure was contained within information in people's care folders, which were located within their home along with their care plan. Records showed there had been no formal complaints since registration. The registered manager told us any complaints would be used to drive improvements.

People had opportunities to provide feedback about the service provided. People were visited by senior staff as part of staff's observational supervision and had the opportunity to raise any concerns during this visit. In addition when people received a care plan review visit they were asked for their feedback about the service they received and also received telephone calls to check how things were going. The provider sent out questionnaires at the beginning of 2016, to gain people's feedback about the service and an action plan was put in place to address any areas for improvements.

Requires Improvement

Is the service well-led?

Our findings

Most people and relatives told us they would recommend this service to another person. Comments included, "Overall we are satisfied with the service. I have recommended it to others". "I find the carers no trouble or the firm. I would not like to change, they know me. They are cheerful". "Meritum have shown a very professional approach from the outset and have been consistent, reliable and have demonstrated great sensitivity to my (family member's) care and
needs due to the nature of their rare illness. They have responded immediately to any query effectively and their staff are kind and caring. We are very happy with their service and would not hesitate to recommend". "We would thoroughly recommend them to any other person requiring care, without hesitation".

There were audits and systems in place to ensure the service ran smoothly. The provider had identified most of the shortfalls identified during the inspection, but quality assurance systems did not test the level of detail within some documents, such as risk assessments. This is an area that we have identified as requiring improvement to ensure all shortfalls are identified and action can be taken in a timely way to ensure compliance. New systems were already starting to be rolled out address other shortfalls highlighted.

There was an established registered manager in post. They worked Monday to Friday each week. The registered manager was supported by a full time coordinator and two senior carers, who undertook the initial assessments, care plan reviews, quality assurance visits and staff supervision as well as coordinating visits to people. Most people told us they had not had any real contact with the registered manager although they were familiar with other senior staff. One person said, they felt the registered manager managed the service very very well.

Most people were positive about the management of the service. Their comments included "It's OK, I am satisfied". "We are OK with them". "Service is brilliant if they don't let it slip". "All good, can't think of anything negative. Excellent". Most people felt that communication with the office was polite and courteous and staff responded to people's requests and queries. During the inspection there was an open and very positive culture within the office, which focussed on people. Senior staff and management demonstrated a commitment to learning and making improvements to the service people received. It was evident during the inspection that the office staff worked hard as a team to help ensure the service ran smoothly.

Health and social professionals told us, "I speak to (member of senior staff) on a weekly basis and they fully understand and take into account the care needs of the clients I require care packages for. The feedback I receive from clients is always positive, so I have no reason to believe there are any issues in relation to the care that is being provided by Meritum staff". "All seems good and where we have used them from our fast track team for end of life they have been very prompt in their response to take on care where they can". "I have always had a positive experience when working with the seniors at Meritum. I have always been kept up to date in a prompt manner in regards to any clients I am involved with. (Senior staff member) is friendly and efficient and returns calls and emails in a timely manner. I do not have anything negative to say about this organisation".

Staff understood their role and responsibilities were happy in their role and felt they were well supported. There was an effective system to monitor that staff received training, spot checks, supervision and appraisals. There had been no accidents or incidents since registration, but processes were in place to ensure these would be monitored and analysed to see if any learning could be taken from them and used to reduce the risk of further occurrences. Other audits included people's care records held in the office, care plan reviews, MAR charts and daily reports returned to the office.

The service had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. Made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care.

The provider was a member of the United Kingdom of Home Care Association. The management team also net worked with other local service providers and attended forums and meetings with the local authority and the wider health and social care field. This all helped in order to share good practice and keep up to date with changes. The provider had also been involved in a piece of work by the King's Fund/Nuffield Trust looking at care research into the current and future of the social care market.

The provider's aim was set out in a mission statement 'to deliver a service of personal care and associated domestic services to meet the needs of dependant clients (service users) in their own (home) environment. This will be achieved by promoting a standard of excellence which embraces fundamental principles of Good Care Practice that is witnessed and evaluated through practice, conduct and control of quality care in the domestic environment'. Staff told us they felt the aim was to ensure people were well looked after, promote independence and provide a quality, reliable and caring service.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not fully mitigated the risks to people's health and safety or in relation to the safe management of medicines. Regulation 12(2)(b)(g)