

Mercylink Care Services Ltd

Head Office

Inspection report

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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

Head Office is a domiciliary care agency that provides personal care to people living in their own homes. At the time of our inspection the service was supporting 13 people.

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

Systems were in place to keep people safe from harm and risk assessments were designed to keep people and staff safe. Recruitment practices were safe, and people received consistent care in a timely manner. There were systems in place to make sure people received their medicines safely. The service analysed accidents and incidents to prevent reoccurrence and keep people safe from harm.

Staff were supported through training and supervisions to provide effective care and support. People were supported to have their nutritional needs met and there was guidance in care records as to how to meet these. The service worked well with other health and social care professionals to provide holistic care and support and keep people well. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People and relatives told us they found staff were kind and caring and staff respected equality and diversity. People felt they were treated with dignity and were encouraged to be as independent as possible.

People received individualised care that met their needs. We have made a recommendation that care plans were reviewed to reflect protected characteristics. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. Staff were equipped with the skills to provide end of life care to people.

People, relatives and staff spoke positively about the service and said it was managed well. There were systems in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and their staff. They welcomed suggestions on how they could develop the services and make improvements. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

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

Rating at last inspection

This service was registered with us on 06/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our well-Led findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our well-Led findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our well-Led findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our well-Led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Head Office

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

The inspection was carried out by one 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.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of serious incidents and any whistle blowing or complaints we had received. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people and two relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. People said they felt safe when staff visited them. One person told us, "I could report anything if I felt unsafe, I would." A relative confirmed, "I trust them. I don't worry."
- Staff knew how to identify abuse and report any concerns to protect people from harm. One staff member told us they would, "Call the office, the office will deal with it, immediately." Staff were clear about their responsibilities in this area and were able to describe the different types of abuse. There had not been any safeguarding concerns raised since the service registered.

Assessing risk, safety monitoring and management

- People's risks were properly assessed to ensure people were supported in a safe manner. Risk assessments were in place for individual support needs including skin care, moving and handling and personal care. Records confirmed these were reviewed to reflect people's changing needs. People told us they trusted staff to manage risk and keep them safe. One person said, "After a shower I want one of them near me in case I fall." A relative told us, "[Staff] are careful when moving and handling and looking after [person's] skin. The last thing we want is breakages, they are all very careful."
- Staff were aware of how to support people to manage risk. One staff member told us about how they would manage pressure sores, "We would always check people, do the body map, record it and let the office know and if there is ointment or cream available we apply it." Another staff member told us about how they support people at risk of falls, "You assure them and support them, you try and keep them calm and ensure they are safe and make sure they aren't going to get themselves injured."

Staffing and recruitment

- There were enough staff to meet people's needs and staff arrived on time. One person told us, "Usually they do [arrive on time], yes. If not, it is because of traffic." A relative said, "They always try to be on time. They don't rush." Staff confirmed, "The rotas are done in a way that are not difficult for us to reach our visits. They make it easy for us as they put us on visits close by."
- People told us, and relatives confirmed people received same care from the same members of staff. One relative said, "This makes [person] feel more comfortable."
- Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

- Systems were in place to ensure people were supported to receive their medicines in a safe way. People and their relatives trusted staff to support them with their medicines. One person told us, "They do my medicines, every day, this is fine, I trust them." One relative said, "[Staff] give [person their] tablets; they have a diary and they are very studious about keeping these records."
- Records confirmed staff undertook medicines training and staff were aware of how to support people to take their medicines in a safe way. One staff member told us, "We record that we have prompted and the [person] has taken it. If they refuse, we put it back in the box and we record that the client has refused."
- Medicine administration record (MAR) charts were in place and were audited monthly. Staff signed to say medicines had been administered at the appropriate times. However, they did not contain the details of each medicine to be given, what the medicines are for or the reason why they are being administered.
- It was not always clear what support people required with their medicines. We found one person's MAR chart did not contain details of their pain relief medicines, but their care plan said, 'Staff to prompt [person] to take pain relief tablets before they move [person]'. We spoke to the registered manager and advised that prompting and administering medicines are the same thing and people's records should reflect this.
- Following on from our inspection the registered manager provided evidence of updated MAR charts that contained the relevant information and advised they would continue to do monthly audits to ensure medicines were being managed in a safe way. We will check on their progress at the next scheduled inspection of the service.

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. People confirmed staff managed infection control. One person said, "[Staff] wear gloves all the time. And when they have my food, they clear away everything so there is no mess." A relative confirmed, "They are very smart, look professional and wear gloves they change their gloves between jobs." Staff told us they wore protective clothing when providing support.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- There was evidence that learning from incidents/investigations took place. One form showed a person had fallen in their home; the service had contacted the relevant health and social care professionals and the care package was reviewed to increase the number of visits provided to this person to ensure their safety and wellbeing could be more closely monitored.

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 were assessed to ensure the service could provide care and support to meet individual preferences and keep people safe and well in their own home. All people received a copy of a service user handbook as part of their care package. It explained, 'The first step is to arrange to visit you in your own home. The RM will discuss with you your individual requirements and the range of services we are able to provide. This process will be formalised into an assessment of your needs.' Records confirmed this happened; pre-admission assessments were in place. These provided details about people's health and support needs and their personal preferences about the care and support they would like to receive.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. Records show that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- One person said, "[Staff] have been trained. They know what they need to do."
- Staff told us, and records confirmed, they received regular supervisions and access to training to enable them to deliver effective care and support. One staff member said, "We are getting a lot. We come to the office and do short training, watch videos, we get documents to read. It helps us refresh what we know."
- New staff received an induction, which included shadowing a more experienced member of staff and learning about the policies and procedures of the organisation. Staff spoke positively about the induction they received. One staff member told us, "I was shown some of the documents and how to do them at the clients house, to go through the tasks, we had training in the office and shadowed staff."

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

- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals. One person told us, "They make sure I have what I need, I always have a drink by me. They make me a hot cup of tea, but I can't do that myself so when they are here they sort it."
- One staff member told us about supporting a person with diabetes, "[We] have agreed with the family [person] has own shelf in the fridge, any food that is okay for us to give [person] is on this shelf or labelled." This person's relative confirmed, "[Staff] know what to do as [person has diabetes]; like to give [person] an extra sweetener rather than sugar."

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

- Staff worked with other agencies to the benefit of people using the service. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. One person's care plan said, 'Anything needs to be reported to District Nurse.' This showed that if people needed access to healthcare services they could be supported to do so.
- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stay well. One staff member told us, "We visited [person] who was challenging, we think [person] has a urinary tract infection so we already called the GP and social services and [relative]. [Person] is normally not the type to be like this."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. One relative told us, "Yes, they always ask what [person] wants to do, where [person] wants to go, what [person] wants to eat, if [person] is okay to get care."
- Staff confirmed they always asked for consent before providing care and support. One staff member said, "You always tell [people] what you are going to do, communicate everything, they have a consent form too, you tell them who you are and introduce yourself properly, you explain everything you will do next, make sure they are comfortable."
- Consent forms were in place and guided staff to give people 'sufficient time to consider their responses' when being asked questions about their care package. These had been signed by the person receiving care and support or a relevant person with legal authority to consent to care on the person's behalf
- We found in some care plans information about whether a person had capacity to consent to care and treatment was not always clear to staff reading them. The registered manager advised they would amend these following our inspection.

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

- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People told us staff were kind and caring. One person said their care workers were, "Very nice." A relative confirmed, "[Staff] do care, they are interested in looking after the both of us really, as a family. They show an interest, we have a little chat." Staff spoke about people in a kind and compassionate manner. One staff member said, "[Person] likes the company and likes to chat."
- The service had an equality and diversity policy in place that said, 'You have the right to practise your beliefs, religion or culture without constraint by discriminatory practice.' Staff told us they respected equality and diversity, "It is their personal choice, we give them the same opportunity as others, I do my job and stay professional and I respect their wishes." This showed people would be protected from potential discrimination.

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

- People were consulted and involved in their care and support. One person told us, "All my details are in a pamphlet in the front room, every last thing is written down, it's all in the book." Staff confirmed, "Family choice plays a part, they say what their loved ones want, and we respect their wishes." We saw that people had signed their care plans. This meant people had the opportunity to contribute and have their say about the support they would receive.

Respecting and promoting people's privacy, dignity and independence

- The service worked in a manner that ensured people's privacy and dignity was respected.
- The service supported people to be as independent as possible. One person said, "[Staff] don't do everything for me, they let me do what I can. I will lay the table, and they will get my breakfast for me." A relative told us, "They encourage [person] to pull [themselves] up into [their] chair." Another relative said, "[Staff] support allows [person] to continue to live alone which is [person's] greatest wish."
- Staff confirmed they supported people to maintain their independence. One staff member told us, "[I] put the flannel out and even if [person] does it slowly, encourage and let them do as much as they can. It empowers them."
- Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised. The service had policies and procedures on confidentiality.

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 plans recorded their needs and preferences. They were personalised to enable staff to provide person-centred care to people. People were happy with the way staff supported them and felt their care was person-centred. One person told us, "[Staff] know what I like for breakfast; toast and tea in the week and at the weekend I have cereal too." One relative told us, "[Person] gets care that is tailored to [their] needs."
- Staff told us how they provided person centred care. One staff member said, "[Person] likes a wine for every meal and likes to talk about what [person] used to do for job and doesn't like going to bed too early as wants to watch TV." Records confirmed that people were given a choice of male or female care worker.
- We saw evidence that care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs.
- Although people received care that acknowledged their protected characteristics, we found that people's care plans did not always record information about people's religion, ethnicity or sexual orientation. This means the service may not always be able to deliver care in line with people's protected characteristics and personal preferences.

We recommend that the provider review their care records to ensure equality and diversity is considered.

Meeting people's communication needs

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

- The service was able to provide information to people about their care in an accessible format. We saw support care plans had information about people's communication needs. Staff had a good understanding on how to communicate with people who required assistance with their communication.
- Information was available regarding the running of the service in large print and people were advised it could be made available in other accessible formats if people needed. We spoke to the registered manager about making other important documents available for people in an accessible format including information about safeguarding and complaints. The registered manager told us they would develop this following the inspection.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. People and their relatives felt comfortable raising concerns with the management team. One person told us, "Yes I have, and it was rectified very quickly." A relative said, "The manager and I had a good chat and she explained the business to me. I know how to complain. She always wants to know what is going on and if there is a problem."

End of life care and support

- Systems were in place to ensure people received appropriate end of life care. Records confirmed staff had received end of life training and end of life care was discussed with people. End of Life care plans were in place. One person's care plan said, 'Hospice came to discuss plans with the family, they agreed that [person] will be staying at home.'
- One staff member told us, "When someone is at end of life, you have to assist them more. We check them more often. We take extra care. Keep preserving their dignity until their last breath." This showed that the service would be able to provide appropriate end of life care to people.

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 management team created a positive working culture to ensure people received high quality care and support. People, relatives and staff spoke positively about the registered manager. One person said, "[Registered manager] speaks to me once a week, she visits and wants to know how I am." Relatives confirmed they had a good relationship with the registered manager; one relative said, "She seems great, easy to talk to." One staff member said, "[Registered manager] is very supportive, reassures you, very efficient and official."
- The registered manager told us, "I know all [people], they know me. We are making a positive difference."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. 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 their legal responsibilities. For example, they were knowledgeable about what issues they had to notify CQC about and records showed they had done so as appropriate.
- Records confirmed that the management team were open and honest with people, learnt from accidents and incidents and responded to complaints to ensure the service runs well. Staff told us, "[Registered manager] always apologises if she has done something wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The service engaged well with people, relatives and staff to gather feedback and suggestions and therefore make improvements to the service. Records confirmed staff attended team meetings and had opportunities to discuss the running of the service and their own development. One staff member said, "When I came up with the task list [registered manager] praised me. We have opportunities to come together and she asks if we are okay." The registered manager told us they wanted to, "Continue to motivate [staff] and support them in their own personal development, help them aspire. I am available to help them. They feel more committed to their job."
- Staff told us about how they respect equality and diversity as a team, "We promote it too amongst staff. We treat people the way we want to be treated."
- Records confirmed the service sought the views of people and their relatives to assess and improve the running of the service. We found that feedback gathered from people and their relatives was positive. One

relative had said, '[Staff] has taken on the care of [relative] in the most professional and caring way. It feels like [staff] has been with us for years. [Staff] constantly keeps me updated on issues relating to [relative] which means I no longer need to worry. A huge thank you.'

- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed and to discuss ongoing needs. The registered manager said they were regularly, "Talking to other professionals all the time, getting people help, I feed back to the social workers and contact the GP to make sure people are well. I copy everyone in to the emails."

Continuous learning and improving care.

- The registered manager had implemented effective quality assurance systems to promote the quality of care and support provided. Records confirmed that spot checks were done on all staff once a month. These looked at infection control, timekeeping and how caring staff were.

- The registered manager attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices.