

Meridian Community Care Limited

Canterbury

Inspection report

Unit 88, Thomas Way
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Canterbury
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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 23 August 2016, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Canterbury is a branch of Meridian Community Care, which is a domiciliary care agency that provides services within the geographical area of Canterbury and surrounding areas. Care and support is provided to people living in their own homes. At the time of the inspection, the agency was providing personal care to 75 people who were private clients, people on direct payment scheme and people referred to them by the local authority on spot contract.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

The provider had no quality assurance systems in place to monitor and improve the quality of the service provided. We did not see any audits being undertaken. However, the provider was in touch with both staff and people who used the service daily.

Staff had not received regular individual one to one supervision meetings and appraisals. We have made a recommendation about this.

The provider operated safe recruitment procedures. However, there were gaps in documentations as some files had no MOT or car insurance. We have made a recommendation about this.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. All of the people who were able to converse with us said that they felt safe using the agency; and said that if they had any concerns they were confident these would be quickly addressed by the registered manager. Relatives felt their people were safe using the agency.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

People were supported with meal planning, preparation and eating and drinking.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

During this inspection, we found a breach of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version 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?

Good ●

The service was safe.

Agency staff were informed about safeguarding adult procedures. The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

There were effective recruitment procedures and practices in place and being followed. However, we found no MOT in some files.

The agency carried out risk assessments to protect people from harm or injury.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas.

One to one supervisions and yearly appraisal meetings had not regularly taken place.

People's human and legal rights were respected by staff. Staff had an awareness of DoLS and received adequate training in areas such as Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged

them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had not maintained a quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

The agency had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure in the agency. Both management and staff understood their roles and responsibilities.

Canterbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 August 2016 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the agency's office in Canterbury area of Kent. We spoke with the providers who are the owners of the business. The providers had many years of experience working within Health and Social care sectors. We also spoke with the registered manager, the administrator of the agency, supervisors and four care workers. Following the inspection visit we spoke with five relatives of people who received support in their own homes and spoke with one person who used the service.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

At our last inspection on 30 May 2013, we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

One person said, "I do feel safe knowing there is someone coming to look after me".

A relative said, "Yes I find that staff know what they are doing I have no issues with safety".

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had either completed safeguarding training or planned refresher in September 2016. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the provider or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the registered manager told us they carried out risk assessments. We were shown their revised new risk assessment form just implemented, which confirmed this. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The registered manager said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. One of the owners said, "If we do not have enough carers, we do not accept new referrals. We will not take on people if we cannot provide for them". We found that staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered manager told us that they carried out visits to people whenever required.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. Although, we found 'Business class insurance declaration forms', which staff signed. The provider had no effective system in place to check that staff's own car used for the business were appropriately insured and had ministry of transport (MOT) test certificate as they used them as part of their day to day work. We also found no up to date records of staff car insurance were in place. For example, out of the four staff files we looked at, two had expired car insurance certificates.

We recommend that the provider ensures that adequate and up to date employment documentations are in staff files.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people such as prompting. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager or they would contact the GP or appropriate healthcare professional.

Is the service effective?

Our findings

One person said, "They are always here at the same time unless they get caught in traffic".

Relatives said, "Staff are reliable and normally arrive about the same time each day. It has never been a problem" and "I would say even though mum cannot speak she makes her self-understood, I hear the staff talking to her all the time, they have got to know her facial expressions, they know when she is not happy".

The registered manager told us that staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff were given other relevant training, such as person centred care, end of life care and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been given to staff. Staff were able to tell us about the Act and its principles, and how it affected their practice. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making.

Staff had an awareness of Deprivation of Liberty Safeguards (DoLS). They were able to tell us about the DoLS and its principles, and what to look out for during visits. Knowledge and awareness about DoLS enabled care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent, which they agreed with.

Staff sought and obtained people's consent before they helped them. One person told us "They never go early, they do all they need to do and more sometimes". Staff checked with people whether they had changed their mind and respected their wishes. The provider had a policy named 'Consent to care and treatment dated January 2016' which provided guidance for staff.

Staff were not regularly supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. There were gaps in how frequent the supervisions were. Out of the four staff files we looked at, one person's last supervision was dated March 2016, another dated April 2016, the third dated June 2015 and the fourth dated April 2015. Staff spoken with confirmed that they had access to the registered manager regularly. We observed this during our visit when staff visited the office to pick materials needed up and had private discussions with the registered manager.

Yearly appraisals were not regularly carried out and reviewed. Two out of four staff files looked at had up to date appraisals. One person had no appraisal at all, while the other person last had their appraisal on 14 May 2015. The up to date appraisal showed that development & training needs were identified. Tasks to be

carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager.

We recommend that the provider and registered manager seeks guidance on supervision and appraisals in order to ensure they are frequent and robust.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. The owner/provider said, "We try to keep clients and staff close to each other, the same carer with service user". This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns.

Is the service caring?

Our findings

People told us, "All the staff are very kind, they are always nice to me. They treat me with respect and look after me well" and "The staff are lovely, they are friendly but professional".

A relative said, "They very, very much treat her with respect".

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. One person said, "They give me time to do things for myself, they are patient with me, I never feel rushed".

People were informed of agency processes during the assessment visit. People said, "I did do my care at the beginning and I take part in reviews, the staff do just what I need to keep me independent" and "They came and saw me when I got out of hospital and we talked about the help I needed". The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern.

The agency had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "If the girls are going to be late for any reason they phone and let me know, however that is very rare."

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

One person said, "I would ring the manager if I was not happy, but so far everything is ok".

The registered manager carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The registered manager carried out care reviews with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

The provider sought staff views by using annual questionnaires to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. The result showed that all staff were happy with the support and training given. The registered manager had also sought professionals, relatives and people's views on the service provided. All the feedback received was positive.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the registered manager if they had any concerns, they would speak to their care staff.

The registered manager had dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager had visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

Is the service well-led?

Our findings

People said, "I think it is well managed, I get the help I need, they have never let me down" and "Yes it seems to be well managed I have no complaints".

Our discussions with people, their relatives, the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

The management team included the registered manager and the owners. The owners were partners in the business. The registered manager was familiar with their responsibilities and conditions of registration. The aims of the service were clearly set out on their website. It stated, 'We aim to provide personal care and support in ways that have positive outcomes for service users and promote their active participation.' We found that the organisational values were being discussed with staff, and reviewed to see that they remained the same and in practice. Our discussions with staff showed that they believed in these values.

Communication within the agency was facilitated through quarterly meetings. This provided a forum where staff shared information and reviewed events across the agency. Record of staff meeting we saw was dated June 2016. Areas discussed included, care delivery, staff trainings and developments in the agency. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

Audit systems were not in place to monitor the quality of care and support. There were no documentary evidence of audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care. Visit log books had never been audited against call times. There was no process in place to identify whether people were getting their calls at the times that had been agreed. Care plans, accidents and incidents, staff files and risk assessments were not being audited. We spoke with the registered manager about this and they told us that this was being implemented.

The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened at the agency. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check

how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided.</p> <p>This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.</p>