

# Mercylink Care Services Ltd

# Head Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, the service provided personal care to 28 people.

### People's experience of using this service

Sufficient risk assessments were not in place to ensure people received safe care at all times. This included lack of robust risk assessment for blood thinning medicines and infection outbreaks. Medicines were not always managed safely as prescribed creams were not being recorded appropriately.

Pre-employment checks were not robust to ensure staff were suitable to support people safely.

Adequate safeguarding systems were not in place to ensure lessons were learnt following safeguarding concerns to minimise the risk of re-occurrence. We have made a recommendation in this area.

Staff had not been trained to perform their roles effectively. We found some training certificates were not genuine, which meant staff had not received training in mandatory areas to ensure people received safe and effective care.

Consent to care forms had not been completed in full. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people always received safe care.

People and relatives told us staff were punctual and systems were in place to monitor time keeping. However, there were discrepancies with times staff visited people, which had not been communicated to the office by staff members.

Systems were in place to obtain feedback from people and relatives.

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

### Rating at last inspection

We carried out an inspection on 2 July 2019 and 3 July 2019. The service was rated Good (published 23 July 2019).

### Why we inspected

We received concerns in relation to care being delivered to people by a local authority. As a result, we undertook a focused inspection to review the key questions of safe and well-led only and a targeted inspection on effective.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Head Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk assessments, pre-employment checks, training and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

This key question has not been rated.

Details are in our effective findings below.

**Inspected but not rated**

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** 

# 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 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.

#### Service and service type

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

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager would be in the office to support us with the inspection.

#### What we did before the inspection

We reviewed relevant information that we had about the service. The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also contacted professionals for feedback.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, care manager, care coordinator and quality assurance officer. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as call logs and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as range of policies, action plans and feedback forms. We spoke with nine people, eight relatives and five staff.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments had not been completed for people that had identified risks.
- For example, risk assessments had not been completed in relation to people's health conditions such as Chronic Obstructive Pulmonary Disease (COPD), asthma, seizures and signs and symptoms of people at risk of cancer and stroke.
- There were risk assessments in place for people with skin complications. However, there were inconsistencies with body maps. For some people who had pressure sores, body maps had been completed displaying where the sore was. However, we found two instances, whereby body maps had not been completed. The registered manager told us body maps would be completed.
- Some people had arthritis and one person had cellulitis. However, information did not include what part of the body people had arthritis and cellulitis, particularly if staff supported them with moving and handling. For example, when hoisting to ensure people were not in pain or experienced any discomfort.
- Risk assessments had been completed for Covid-19, which included what symptoms people may experience. However, this was generic for all people and were not person centred based on people's circumstances particularly if people were at high risk. We found one person had COPD and asthma, however this was not incorporated into their Covid-19 risk assessment to differentiate what the symptoms between Covid-19 and COPD or asthma were. The Covid-19 risk assessments did not include what actions staff should take if people displayed symptoms.
- Some staff we spoke to were not aware what COPD was or what to do if a person had a seizure or displayed symptoms of a stroke. They told us risk assessments in these areas would help them to support people more safely.
- Failure to complete suitable risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of avoidable harm.

The above concerns meant that risk assessments had not been completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We fed this back to the management team who told us that they would ensure risk assessments were put in place immediately.

### Using medicines safely

- Medicines were not being managed safely at all times.

- For two people, their skin integrity risk assessments evidenced that staff applied creams on parts of their bodies to minimise the risk of skin complications. The registered manager confirmed prescribed creams were applied. However, there was no Topical Medicine Administration Records (TMAR), to record that the creams had been applied and at what time, in order to minimise the risk of skin complications. The registered manager sent us evidence after the inspection on the forms that would be used to record topical cream application.
- One person took a blood thinning medicine, which meant there was a risk they may bleed more easily. However, a risk assessment had not been completed in this area to ensure risks associated with bleeding or bruising were minimised or what action staff should take if the person was to bleed.
- People and relatives told us they received their medicines safely. A person told us, "I need them to do my medicines on all of my four calls. They also apply cream to my body in the morning and at night time call. Very efficient and punctual." A relative commented, "[Person] has to have liquid medicine as [person] can't swallow well and they [staff] are always on time administering them and them put it all down on the MAR sheet."
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A medicines policy was in place.
- We checked people's medicine administration records (MAR) and found that people had been given their oral medicines as prescribed. Regular medicines audits had been introduced to ensure medicines were being managed safely. However, the audits had not identified the shortfalls we found with recording prescribed cream application. The registered manager told us this would be checked as part of medicine audits.

#### Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to support people safely and there were adequate numbers of staff to support people.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I am given enough time to travel to appointments and enough time to provide care."
- People and relatives told us staff were punctual. A person told us, "They are good, on time and go when they have finished everything and not before. Not had a missed call." A relative told us, "Pretty good, on time and will call if running late for any reason. Never leave early and no missed calls."
- The service had a digital monitoring system that allowed the service to have oversight of the time and duration of visits. The logs showed that there was a number of occasions where staff had not visited on time. The registered manager had followed this up and sent us evidence after the inspection that showed people had requested change of times for their carers but this had not been communicated with the office. The registered manager informed that carers would be reminded to ensure any change of times were communicated with the office.
- Records showed that relevant pre-employment checks, such as references and proof of staff's identity had been carried out. However, we found character references had been sought from friends and for one staff, a reference had been sought from their family. This meant there was a risk that the service may not get a fair and accurate description of staff conduct and character, which may place people at risk of harm.
- We also found that criminal record checks were not carried out by the service when employing staff members. The service was reliant on criminal checks that had been carried out by previous employers, which we found for one staff dated back to 2018 and another staff to 2019. The providers recruitment policy states 'A DBS Certificate will be requested as part of pre-recruitment checks, following an offer of employment for any role which has been assessed as requiring a DBS check, including volunteering roles.' The registered manager confirmed care staff will require a DBS check to ensure staff were suitable to support people safely.



The above concerns meant that the service placed people at risk of harm without checking if staff were fit and proper persons to support people safely and have robust measures in place to ensure people received safe care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The service had received a number of safeguarding concerns from people that received care. Records showed that there was a log of these safeguarding records and a dashboard, which recorded the immediate action that was taken. However, an overall analysis of the incidents and safeguarding concerns had not been carried out to identify trends and minimise the risk of re-occurrence so lessons could be learned. This was to ensure people always received safe care at all times and incidents were minimised. The registered manager told us that they had learnt from lessons and taken number of actions such as introducing regular enhanced spot checks and call log audits. However, the analysis and actions taken had not been recorded.

We recommend the service follows best practice guidance on incident management and learning from lessons.

- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "Safeguarding is protecting vulnerable people from abuse like verbal, physical, emotional, stealing. I will report this to the manager straight away. I can also report to the local authority or social worker."
- People and relatives told us people were safe. A person told us, "Very safe and all good. They do everything right when helping me about safely." Another person commented, "Oh yes, quite safe. They are all nice and pleasant." A relative told us, "They are very good and safe knowing they are going in to see him. He can be awkward and not want things doing but they ensure he is safe and especially has taken his tablets, which he can forget to do."

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control and were aware of infection control procedures.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care. A person told us, "They wash their hands before and after doing my personal care and wear gloves, mask and a plastic apron. Very clean and hygienic." A relative commented, "When they sit to talk to [person] they always sit a nice distance away from here."

# 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.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff training. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: training, skills and experience

- Staff had not been trained to perform their roles effectively.
- After the site inspection, we received concerns from the local authority expressing concerns with the credibility of staff training certificates. We checked a sample of training certificates with the training provider to check if the certificates were genuine. The training provider confirmed that this was not genuine.
- We fed this back to the provider, who informed she was not aware of this as staff had arranged and completed the training themselves. The provider also told us that after making checks that some staff had submitted training certificates that were not genuine and will take action on this.

The above concerns meant that the provider did not have oversight of training to check if training certificates were genuine resulting in staff not being trained in mandatory areas placing people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

# 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.

At the last inspection, this key question was rated as Good. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was lack of robust audit systems in place to identify shortfalls and take prompt action to ensure people received safe high-quality care. The service carried out audits on call logs, care plans and medicine management. In addition, a monthly quality assurance audit was carried out, which focused on care operations. However, these audits did not identify the shortfalls we found at the inspection particularly with risk assessments and lack of TMAR charts for when prescribed creams were being applied. This meant that there was a risk people may not receive safe care at all times.
- We also found the systems in place to protect people from harm and abuse were not robust. We found other shortfalls, which had not been identified, such as unsafe recruitment practices to ensure staff were suitable to work. The service was not working in line with the Mental Capacity Act 2005, as we found some consent forms were not completed and it was difficult to determine if people had consented to care from the service.
- People were placed at risk of harm as some training certificates were not genuine. The provider told us that she was not aware of this, which meant systems were not in place to have oversight of training ensuring staff received training in mandatory areas to perform their roles safely.
- Records were not always kept up to date. Risk assessments had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times and analysing safeguarding concerns and learning from lessons had not been recorded.

The above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. Accurate records were not being maintained to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance.
- We found that staff had completed training and their competency was checked for their understanding of the training. Some competency scores showed staff attaining between 70% - 80% on moving and handling, food hygiene, dementia and medicine management. The registered manager told us the pass mark was 70% or over. Due to the concerns that were received regarding staff understanding of care, we asked the registered manager to consider increasing the pass mark threshold to ensure staff were able to perform their roles effectively and to a good standard. Should staff fall below this threshold, they would be offered

support such as retraining and supervisions until the threshold was met. The registered manager told us this would be put in place.

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks, the management team also obtained feedback from people about the service and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Registered manager] is very, very good manager, I like her so much. She knows how to take care of us." Another staff member commented, "I do like working for them. They support me and they give me lots of training."
- People and relatives were positive about the service. A person told us, "[Registered manager] is most approachable and sorts any issues out quickly." Another person commented, "[Registered manager] visited me the other day and also phones to check all is alright. Lovely lady." A relative told us, "[Office staff member] is very good. In fact, she is currently trying to sort out some equipment to help [person] with her mobility."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care. A person told us, "[Office staff member] phones and asks and to check all is ok."
- Telephone calls were made to people to gather their feedback. However, this was not analysed to identify good practice and where possible areas for improvement, to create a cycle of continuous improvement. We discussed this with the registered manager, who told us this would be put in place.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust pre-employment checks had not been carried out to ensure staff were suitable to support vulnerable people.</p> <p>Regulation 19(1).</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p>

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider was not ensuring staff had been trained to perform their role effectively.</p> <p>Regulation 18(1)(2)(a).</p>

### The enforcement action we took:

Warning Notice