

Meridian Health and Social Care Limited

Meridian Health and Social Care - Leicester

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Meridian Health and Social Care – Leicester is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 61 people using the service.

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.

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

People told us that care calls were not always on time, and staffing was not always consistent. The systems in place to monitor care calls were not always effective and did not always display accurate information. New management were in place within the service and people told us that things were improving.

People were safely supported within the service. Systems and processes were in place to support people's safety. Recruitment procedures ensured that people were only supported by staff who were suitable to do so.

People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People had their needs assessed and reviewed as required. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the experience, knowledge and training to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback we received told us that people were supported with respect and dignity, they had their independence promoted, and were able to develop good relationships with staff members.

Complaints procedures were in place and staff told people how to use them. The providers systems and processes monitored the quality of the service being provided. People's views and were sought through surveys, which were analysed and used to identify where improvements were needed.

The management team ensured that checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication. Information was shared with staff to support in the delivery of good quality care.

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

This service was registered with us on 12 October 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, and missed and late care calls. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good 

Meridian Health and Social Care - Leicester

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 2 Experts 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered with the service, however they had recently left their position in the company. A new manager had been employed, who was going through the registration process.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 January 2023. We visited the location's office on 23 January 2023 and made calls to people using the service on 24 January 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at multiple records including 5 people's care plans, risk assessments, staff recruitment files, and policies. We spoke with 23 people who used the service via phone, and 5 relatives of people who used the service. We also spoke with 5 staff members, the manager, the operations manager, and an administrator.

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 of this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the time of inspection, a new management team were in place who had recently recruited new staff, and there were enough staff within the service to ensure people were cared for safely. However, we saw evidence and received feedback that care calls had not always been on time or consistent.
- Several complaints had been made regarding missed and late calls. The management team explained the previous issues with staffing numbers, management of the service, and how some people's care calls were not always managed safely, resulting in missed and late calls.
- One person told us, "The weekends are dodgy, I don't know where I am with carers, and have no idea who is coming." Another person said, "My call should be at 7am, but the weekend carer doesn't get here until 9am, then comes back at 12.30 for my lunch, I'm not hungry then." Another person said, "Weekends are not so great, although things seem to have settled down lately."
- The service utilised an electronic monitoring system to manage care calls to people. This was not always used effectively, as the data shown was not always accurate in relation to what time staff actually spent with people. The management team acknowledged the issues with the system, and told us they would be working to improve this immediately.
- The management team were open and honest about the previous issues within the service, and felt that improvements were being made to ensure people were safe, which would take further time to fully embed within the service and people's care. Several people we spoke with acknowledged that improvements had recently been made. One person said, "I'm happy with it. It's been getting better."
- Staff were recruited safely into the service. This included ID checks, previous employment references, and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safely cared for by staff. One relative of a person told us, "Yes, of course [name] is very safe. We've never had any concerns at all."
- Staff received training in safeguarding procedures and knew the signs of abuse, and when to report it. A staff member told us, "The procedure is to record anything of concern and inform management. We have a whistleblowing policy which tells us what to do."

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records we looked at provided clear guidance for staff on how to manage and reduce any risks present. This

included assessment of risks around the physical environment, mobility, and health conditions such as epilepsy and diabetes.

- Staff told us they had access to all relevant documentation, and were not asked to perform any duties they were not trained to do.

Using medicines safely

- Medicines were administered safely by staff who were trained to do so. We looked at medicines administration records (MAR) which had been completed accurately. We found some corresponding notes with MAR that were not always legibly written, and therefore difficult to read. The manager told us this would be addressed to ensure record keeping in this area was clear.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective equipment [PPE] to work safely with people.

Learning lessons when things go wrong

- A system was in place to record and monitor any accidents and incidents that occurred. We saw that when incidents had occurred, for example, a person falling, this was fully documented, with follow up actions recorded. This ensured that lessons were learnt for any improvement that could be made, or to lower the risk of recurrence.

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 received a full assessment of their needs before any care commenced. The manager told us the senior care team would meet with people and families when appropriate, to identify people's needs and make sure they could be met.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination.

Staff support: induction, training, skills and experience

- An induction programme was in place for staff to train before commencing care calls. This included a mixture of in-house and online training, and shadowing more experienced staff for 2 weeks, to get to know people and their routines. Staff we spoke with told us they felt prepared for the role before starting it.
- Induction training included staff undertaking The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were encouraged to maintain a healthy diet. Most people being supported only required minimal support in this area. We saw that when needed, food and fluid intake was monitored and recorded for health reasons.
- Specifics about people's preferences with food and drink were documented in people's care plans, along with any health requirements.

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

- Information around people's health care needs and other care professionals involved in people's care were contained within people's records. This included information around skin care, conditions such as epilepsy, and medicines. Staff alerted health and social care professionals where they had concerns about people's health and well-being.
- Staff we spoke with had a good understanding of the needs of people, any underlying health conditions and their role in providing support and care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make informed decisions were considered, and appropriate assessments had been carried out with people. Staff had been trained in this area and understood the basis of the mental capacity act.

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

- People and relatives we spoke with were largely happy and positive about the care they received and the relationship they had with staff they knew. One person said, "I have nothing but praise for the carers. I've been having them for over 2 years now, and I think they are brilliant." Another person said, "You can't beat my regular carer [name] is brilliant. I have a laugh and a joke with them." Another person told us, "They are all nice carers, and they do what I need, and anything I ask them to do."
- Staff we spoke with said told us they were regularly caring for the same people and got to know them, their likes and dislikes. One staff member said, "It's quite consistent. I work with the same people in the same area because I don't drive."

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

- People and relatives felt involved and in control of the care that was delivered, and able to make decisions. One person told us, "They [staff] came out not so long ago to discuss how things are going." We saw that reviews of people's care took place to ensure their opinions were gathered, and any changes made as necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected by all staff that worked with them.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection. One person told us, "No, they don't talk about other people, or other carers."

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 received personalised care that met their needs and preferences. One relative of a person we spoke with told us, "[Name] has some things they don't like, and the carer knows this, like having the window open in the car as they don't like the heat, and the carer knows this and understands." Another relative told us, "I'm always there when they [staff] come to the house. [Name] can't speak but they understand everything. The staff will speak [first language] to [family member] and it's so lovely".
- Care plans we looked at contained personalised information about people's background history, preferences, hobbies, interests, likes and dislikes. This enabled staff to understand the personality of the person they were providing care to. Staff had good knowledge of the people they supported. .

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of the requirement to provide people with accessible information should they require it, for example in large print or pictorial formats.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place, and people knew how to use it. We saw that complaints had been made by people around call timings and changing staff members. The new management team had responded appropriately and promptly to these issues and were working with staff to improve the service in several areas. People we spoke with told us they felt any issues they had were responded to, and that improvements had begun to be made.

End of life care and support

- At the time of inspection, there were no people receiving end of life care from the service.

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; Continuous learning and improving care

- We received mixed feedback about the service regarding the scheduling and management of care calls, although many people noted that recent changes in management and structure had been positive. One person told us, "I know there's a new manager, and it's all looking promising. They seem to be turning it around okay from what it used to be."
- The management team were positive about the changes and improvements that had already taken place, understood the previous issues, and had a clear vision for the service moving forwards.
- We saw that clear communication was in place between managers and staff, and staff were being encouraged to focus on improvements within the service.
- Systems and processes were in place to monitor the quality of the care provided. The management team had checks and audits in place to ensure any mistakes were found, and improvements could be made.

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 manager was aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The manager understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC as required by law.

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

- Staff understood their roles and were positive about the support they received. One staff member said, "The company has had several managers over time, so it hasn't always been consistent. We have a new manager now and so far things have been positive and heading in the right direction."
- The management team were knowledgeable about the skills of their staff team and the people they were supporting, and were clear about their own roles in managing and improving the service over time.

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

- We saw that feedback had been sought from people via the use of questionnaires. Results that people gave about all aspects of their care and support was largely positive.
- Care plans documented people's personality, background, and lifestyle choices, and fully considered their

equality characteristics.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The management team had been working with the local authority on improvements within the service.
- The management team were open and receptive to feedback during our inspection.