

Mercy Care Limited

Mercy Care Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mercy Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection four people were using the service.

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

Risks to people were not always identified, assessed and did not always have detailed management plans to provide staff guidance on how to minimise or prevent risks. The systems and processes in place for managing and administering people's medicines was not always safe. Appropriate recruitment checks were not followed to ensure staff employed to work at the service were fit to work in social care. Staff were not always supported through induction, training, supervision and appraisals. Each person did not have an appropriate care plan which provided staff guidance of how their needs should be met. An effective quality assurance system was not in place to identify issues and drive improvement.

We have made recommendations about staffing, needs assessment and seeking and acting on feedback

Before people started using the service, their needs were assessed however, this information was not used to develop an appropriate care plan of how they should be supported.

People were protected from the risk of abuse and staff understood their responsibility to protect people from the risk of abuse or neglect. There were enough staff available to support people's needs and staff followed appropriate infection prevention and control procedures to minimise the risk of infections.

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. People were supported to eat and drink and to access health care services where required

People were supported by staff that were kind and compassionate towards them. People were involved in making decisions about their care and support and their privacy, dignity and independence was promoted. Staff understood people's diverse needs and supported them in a caring way. People's communication needs had been assessed and met. People and their relatives knew how to make a complaint if they were unhappy; however, they told us they had nothing to complain about at this time. The service worked in partnership with health and social care professionals to deliver joined up care.

Rating at last inspection and update

This service was registered with us on 6 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to Person centred care, Safe care and treatment, Staffing, Fit and proper persons employed and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mercy Care Ltd

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 one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 26 May 2022 and ended on 28 June 2022. We visited the office location on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registering with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and a director. We reviewed a range of records. This included two care files and two staff recruitment and training records. We also looked at records used in monitoring the quality of the service, including policies and procedures.

Following our visit, we spoke with two relatives to gather their views about the service provided. We also spoke with two care workers to gather their views about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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.

Assessing risk, safety monitoring and management

- Risks to people were not always identified, assessed and documented with appropriate risk management plans in place to ensure staff had appropriate information to provide safe care and support.
- For example, one person's initial assessment and referral information stated they had fragile skin, were cared for in bed and used continence pads. There was no skin integrity risk assessment with management plans to provide staff guidance on how to minimise the risk of skin tears, bruises and pressure sores.
- For another person, the risk of falls was identified because they had a history of falls, and they lived with both a health and a physical condition that increased their risk of a fall. However, an appropriate risk management plan was not in place to provide staff guidance on how to mitigate the risk of a fall.

We found no evidence that people had been harmed; however, risk assessments were not in place or robust enough to demonstrate that risks to people were safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not safely managed. The systems and processes in place for managing and administering people's medicines was not always safe.
- Where staff supported people with their medicines, they did not always have a medicines care plan, risk assessment and medicines administration records (MARs) in place.
- Daily care notes showed that staff supported one person with their medicines, however, this person did not have a MAR chart in place to reduce the risk of errors. Staff supported another person with an asthma inhaler; however, they did not have any medicines care plan or MAR chart in place to evidence the planned care and the support provided.
- Not all staff had completed medicines training. Medicine competency assessments had not been carried out for any member of staff.
- Appropriate systems were not in place to monitor and audit people's medicines. The service did not have a medicines auditing system in place.

Whilst we found no evidence that people had been harmed, systems were not in place to ensure that medicines were safely and appropriately administered and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Appropriate recruitment checks were not in place to validate staff employed. The registered manager was

unable to provide us with the recruitment records of one member of staff.

- The provider had not completed DBS checks for one member of staff, and we found gaps in staff education and employment histories. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The failure to ensure appropriate recruitment procedures were in place and followed was a breach of Regulation 19 (Fit and proper persons employed)

Following our inspection, the provider emailed us proof of DBS checks completed for one member of staff and proof of the right to work in the United Kingdom.

- Enough staff were deployed to support people's needs. Relatives told us they had consistent staff who were punctual. However, a relative informed us staff did not always stay for the full duration of the planned visit.
- The service did not have any call monitoring system in place to check staff arrival and departure time to ensure the delivery duration of the care visit was consistent with the planned care.
- The registered manager was unable to confirm how many permanent staff they had employed. However, they told us they themselves, office staff and agency staff were used to cover vacant shifts and staff absences.

We recommend the provider to consider current guidance on staffing and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "My loved one is safe with them [staff], I don't have any concerns of abuse or neglect."
- There were safeguarding and whistleblowing policies and procedures in place which provided staff guidance on actions to take where they had concerns of abuse and neglect.
- Staff were familiar with safeguarding; they informed us of the type of abuse that exist and told us they would inform the registered manager if they had any concerns.
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegation of abuse.

Preventing and controlling infection

- People were protected from the risk of infection. Relatives informed us staff wore appropriate personal protective equipment (PPE) when supporting their loved one.
- The provider had an infection control policy and procedures in place which provided staff guidance on how to minimise and prevent the spread of infections.
- The registered manager informed us, and staff confirmed, they had enough supply of appropriate PPE to keep both people and staff safe from the risk of infections.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. There had not been any accidents or incidents since the service registered with CQC. The provider had systems in place to report, record and manage accident and incident.

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 requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported through induction, training, supervision and appraisals. Staff had an induction checklist in place, however we could not evidence that staff new to social care completed 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.
- Staff were not always supported through training. The provider had training courses they considered mandatory. However, we noted not all staff certificates were from the service. The registered manager informed us some staff had completed these training in their previous employment and had transferred the certificates over to the service.
- The registered manager informed us they carried out staff supervision on an 'as and when necessary' basis, however this was not documented to evidence that staff were supported in line with their supervision policy. Staff appraisals had also not been carried out to support staff professional development.

A failure to ensure suitably qualified, competent, skilled and experienced staff were available to support people's needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service, however, these assessments were not always effective.
- The registered manager and the care coordinator carried out initial assessments at people's homes to ensure the service was suitable and they could meet their needs. During these assessments, the level of support required, the number of staff, the time the service should be delivered, and areas the support was required were discussed.
- However, these assessments were not detailed and did not always cover all aspects of the care and support required. They did not always include people's preferences. The information acquired from these assessments and the referral information from the local authority were not used to develop a personalised care plan and risk management plan.

We recommend the provider to consider current guidance on needs assessment and take action to update their practice accordingly.

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

- People were supported to eat and drink enough for their health and wellbeing where this was part of their plan of care. Relative told us they were happy with the support people received with eating and drinking.
- The care plans did not include food people liked or disliked, their dietary requirements and how they would like to be supported.
- Despite this, staff we spoke with knew people well and the support to provide. They told us of people's preferences.
- Some people were also supported by their relatives and staff only supported them with their basic nutritional and hydration needs such as making people a hot or cold drink.

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

- People and their relatives were responsible for coordinating their own healthcare appointments. However, where additional support was required, staff provided this. A relative informed us, "I prefer to sort out the GP appointments myself."
- Each person was registered with the GP and where required received treatment from healthcare professionals including GPs, occupational therapist and hospital teams.
- Staff knew people well and monitored their wellbeing, they told us they would contact the office or emergency services if they had any concerns about a person's wellbeing.
- However, the service did not have detailed emergency protocols in place. This ensured relevant information about people's health care needs was recorded and maintained to ensure where required, information was made accessible to relevant health and social care professionals, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received. The registered manager informed us they would put this in place. We will check on it at our next inspection.

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.

- Staff were aware of the importance of seeking consent from the people they supported. Relatives confirmed staff sought their loved one's consent before supporting them.
- People using the service could make day-to-day decisions about their care and support needs, including the food they would like to eat. Relatives confirmed their loved ones could make decisions for themselves.
- The registered manager told us people could express their views and make decisions for themselves. However, if they had any concerns about a person's capacity to make specific decisions for themselves, they would work within the principles of the MCA.

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 were supported by staff that were kind and caring towards them. A relative told us, "The staff are kind and they call my loved one beautiful." Another relative said, "Staff are good, and they are kind to my loved one."
- People's life histories were included in their care file and staff who supported them knew them well and the level of care and support to provide.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversities in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people's preference to receiving support from a specific gender of staff was recorded and respected.

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

- People and their relatives had been consulted about their care and support needs. The service involved people and their relatives in making decisions to ensure their needs were met. Relatives confirmed they or their loved one was involved in the care plan reviews and their decisions were respected.
- People were provided with choice and control of their life. Staff told us they offer people choices on daily basis.
- Staff informed us they encouraged people to make day to day decisions for themselves and they gave people the opportunity to respond without rushing them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Relatives confirmed staff promoted their loved one's privacy and dignity and staff were respectful of their household.
- Staff knew how to promote privacy and dignity. They told us they greeted people appropriately, closed doors, drew the curtain and covering people with a towel.
- Staff told us they understood the importance of keeping information confidential and they only shared information on a need to know basis.
- Staff promoted people's independence where they had the capability to do so.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was planned but was not always recorded to ensure people's needs and wishes were met. Relatives confirmed they and their loved ones were involved in planning the care and reviews.
- However, each person did not have a detailed care and support plan in place. Information gathered during the initial assessment was being used as a care plan and a risk assessment. This information was not used to develop a detailed care plan to ensure appropriate guidance was available to staff on how to meet each person's needs.
- The service had a care plan template in place. However, these were not completed as required and were mostly left blank.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and the support to provide. A member of staff told us, "We work with people from different backgrounds and understand each person's needs and we give support with whatever they want."

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.

- People's communication needs were assessed and met. How people communicate and any aid used were documented in their care files.
- The registered manager informed us people currently understood information in standard format and that if people required information in other formats including easy read or other languages this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place which included how to make a complaint and the timelines to expect in response to complaints.
- Relatives told us they knew how to make a complaint, but they had not made any complaints. One relative said they had raised concerns and felt, "Sometimes the management team are defensive to any criticism (or negative feedback)." However, they told us they had plans to follow up on their concerns or make a

complaint if required.

- The registered manager told us they had not received any formal complaints since the service registered with the CQC and that they would follow their complaint policy and procedures to ensure people were satisfied with the service.

End of life care and support

- At the time of this inspection, the registered manager told us that no one using the service required end of life care and support. They told us that if end of life care and support was required, they would work with the person and appropriate health and social care professionals to ensure their end of life care needs and wishes were met.
- The registered manager told us they would include advance care planning in their next reviews. We will check on this at the next inspection of 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well managed. There was a registered manager in post, who was not always clear about their responsibilities under the Health and Social Care Act.
- An effective auditing system was not in place to monitor the quality and safety of the of the service and to identify issues and drive improvement. The registered manager could not show us any records of any audits they had carried out and did not know of the shortfalls we identified at this inspection.
- Records were not up to date, complete and presented promptly when requested; people did not always have care plans, risk management and MAR charts in place. Copies of two people's care files were not kept at the provider's office to ensure information was easily accessible when required.
- The provider informed us they carried out staff supervision and unannounced spot checks; however, they did not maintain any records to evidence this.
- An effective system was not in place to continuously learn and improve on the quality of care and support. For example, the service did not have an effective monitoring system to monitor staff arrival and departure and to ensure that staff were staying for the full duration of the allocated visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture at the service was positive and the registered manager was actively involved in the day to day delivery of care. Relatives spoke positively about the care and support staff provided. A relative informed us, "The service is good, they come on time and I have no concerns."
- Staff understood the importance and the impact they had on people and their quality of life. One member of staff told us, "We promote patience, empathy and we have the believe that for most of our clients we are their first point of call and we try to make them feel loved and feel happy and make sure that they are well looked after."
- Staff told us they were happy working at the service and felt supported by their manager. A member of staff said, "I am very very happy working with Mercy Care."
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things go wrong.

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

- People and their relatives views were gathered to improve the quality of the service. Relatives told us they were in regular communication with managers and office staff to check if they were satisfied with the service.
- The manager told us they used reviews to document whatever concerns people or their relatives had but they had not sent out any questionnaires or surveys. They also told us they phoned up people and their relatives regularly.
- There were systems in place to ensure satisfaction surveys were carried out to gather people's feedback about the service they received. However, this had not been carried out at the time of this inspection. The registered manager told us they would send them out and would take action to address any feedback received.

We recommend the provider to consider current guidance on how to seek and act on feedback and take action to update their practice accordingly.

Working in partnership with others

- The registered manager informed us they worked in partnership with health and social care professionals when needed to ensure people's needs were met. The service responded promptly to requests from the hospital discharge team to provide appropriate levels of support to people leaving hospitals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were put at risk of receiving unsafe care and support because the provider had failed to plan care and support that met their individual care needs. Regulation 9(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks relating to the safety and welfare of people was identified, assessed and managed effectively. Medicines were also not managed safely. Regulation 12(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure appropriate systems were in place to assess, monitor and improve on the quality and safety of the service. Records were not accurate, complete and up to date. Regulation 17(1)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always follow appropriate

recruitment procedures for staff before they were employed to work at the service.
Regulation 19(1)(2)(3)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure staff were supported through training and supervision to carry out the duties they were employed to undertake.

Regulation 18 (1)(2)