

Meritum Integrated Care LLP

Meritum Integrated Care LLP (Ashford)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 and 6 December 2017 and was announced. Meritum Integrated Care LLP (Ashford) provides care and support to people in their own homes in Ashford and the surrounding areas. The service is provided to mainly older people and some younger adults. The service also provides care and support at 'Homebridge,' a short term rehabilitation unit. There was no one currently in receipt of the regulated activity of personal care at Homebridge, so we did not assess the care and support offered there.

The service had a registered manager in post. A registered manager is a person who is 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 2008 and associated Regulations, about how the service is run.

We last inspected Meritum Integrated Care LLP (Ashford) in November 2016 when one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. We issued a requirement notice relating to safe care and treatment.

At our inspection in November 2016, the service was rated 'Requires Improvement'. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Some improvements had been made, however, the provider had not met the previous breach of regulation and two further breaches were found. This is therefore the second consecutive time the service has been rated Requires Improvement.

At our previous inspection, medicines had not been managed safely. At this inspection there continued to be shortfalls in medicines management.

Each person had a care plan in place which consisted of a task list outlining what staff needed to do at each call, and an assessment of the risks related to providing care and support to each person. Although risks relating to people's care and support, such as moving and handling, mobility and any healthcare conditions had been identified, detailed guidance was not always available to staff on how to mitigate these risks.

Some care plans contained detailed step by step guidance regarding how to support people. However, others required more detail to adequately inform staff how people liked their care to be provided. Staff worked independently in people's homes, without supervision, so clear guidance was essential to ensure people received the support they needed.

The registered manager and senior staff worked in partnership with other professionals to ensure people received consistent care. Some people received support from the district nursing team with their health care needs and staff provided assistance with their personal care. Staff told us that communication was good and they were able to share information when needed. The provider and senior staff were involved in a

variety of local forums and worked in partnership with colleagues across the sector to develop new ways of working.

Staff had received the necessary training to carry out their roles effectively. They told us they were well supported by the management team and received regular spot checks when they were providing support to people, to ensure they were doing so appropriately. Checks by the registered manager and senior staff had not identified the continued issues relating to medicines and risk management. People had been asked for their views on the service and these had been reviewed by the management team.

Staff told us the management team were approachable and knowledgeable about providing domiciliary care.

People told us that staff were kind and caring and treated them with respect and dignity. Rotas showed that staff were allocated time to travel between people; and people we spoke with said that staff were generally on time and stayed for the entire agreed duration of their call. Staff had been trained in infection prevention and control and people told us that staff always wore protective equipment to prevent the spread of infection.

Some people were supported to prepare meals or to eat safely. Everyone we visited had drinks of their choosing left out for them, so they could remain hydrated throughout the day. When people became unwell staff supported them to contact relevant healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had an understanding of people's equality and diversity needs and told us they would challenge discrimination in any form. There was an open and inclusive culture and people were supported to be as independent as possible. The registered manager told us they wanted to learn from incidents when they happened and encouraged staff to be open and transparent if things went wrong.

There was information available for people regarding how to complain, and any complaints had been documented and investigated in line with the provider's policy. Staff had been recruited safely. Staff knew how to recognise and respond to abuse and any potential safeguarding issues had been reported to the local authority. The provider had notified us of important events that had happened in the service and had displayed their rating on their website and at the service, as required by law.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement 

The service was not consistently safe.

People's medicines were not always managed safely.

Action taken to mitigate risks relating to people's care and support were not always clear.

Lessons had been learnt when things had gone wrong. Staff had been trained in infection prevention control and wore protective equipment to prevent the spread of infection.

People told us that staff arrived on time and stayed with them for the full duration of their call. Staff were recruited safely.

Staff knew how to recognise and respond to abuse.

Is the service effective?

Good 

The service was effective.

People were supported to make choices about their care and support.

Senior staff had knowledge of best practice relating to domiciliary care.

Staff received the necessary training, support and supervision to carry out their roles effectively.

Staff left drinks out for people to ensure they remained hydrated throughout the day.

Staff worked in partnership with a range of professionals to ensure people received necessary support.

Staff supported people to contact health care professionals if they became unwell.

Is the service caring?

Good 

The service was caring.

People told us that staff were kind and caring.

People were asked their views on their care and support.

Staff treated people with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

Guidance regarding how people liked to be supported was not always detailed or clear.

People told us they knew how to complain and complaints had been dealt with in line with the provider's policy.

The service was not currently supporting anyone at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Checks by the registered manager and senior staff had not identified the continued issues relating to medicines and risk management.

People had been asked for their views on the service and these had been reviewed by the management team.

Staff told us they felt well supported by the management team, who were knowledgeable and experienced in providing domiciliary care. There was a positive, inclusive culture.

Senior staff worked closely with other professionals to support care provision and service development.

The provider had notified us of important events that had happened in the service and had displayed their rating on their website and at the service, as required by law.

Requires Improvement ●

Meritum Integrated Care LLP (Ashford)

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.

This service 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. The service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Meritum Integrated Care LLP (Ashford) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Inspection site visit activity started on 4 December 2017 and ended on 6 December 2017. It included visits to five people in their own homes. We spoke with an additional 21 people and two relatives via telephone. We visited the office location on 4 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The provider was given 48 hours' notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. The inspection was carried out by three inspectors 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.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider, the registered manager, and the care co-ordinator of the service. We spoke with four members of staff. We looked at 10 people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We last inspected Meritum Integrated Care LLP (Ashford) in November 2016 when one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection, there was one continued breach and two additional breach of the regulations.

Is the service safe?

Our findings

People told us they felt safe when receiving support from the service. One person said, "I feel very safe using the service, they are a godsend, they really are." Another person said, "[Staff] do a very good job. They always arrive on time and let me know if there are to be any changes. Couldn't cope without them." A relative told us, "Yes they're very good when they come and we feel as safe as anything using the service, makes life a whole lot easier for us."

Although feedback was positive we found that some of the risks and areas for improvement highlighted at our last inspection had not been addressed. At our previous inspection, risks relating to people's care and support had been identified but had not always been assessed fully.

At this inspection we found that most risks had been identified, but again, not all risks had been assessed and the action taken to mitigate risks was not always clear. Needs assessments and care plans did not always show what actions staff were taking to reduce these risks. Previously the assessments just stated that staff were to 'monitor, record and report any changes'. At this inspection we found a similar situation. For example, one person had been referred to the service as they had fallen several times at home. Although their risk assessment had identified that they were at risk of falls, the 'control' to mitigate the risk was listed as, 'Carer to report to office any changes in [person's] level of mobility' rather than looking at how the risk could be mitigated for example eliminating trip hazards or providing a walking frame.

One person's medical conditions was listed on their referral from the local authority. These included Chronic Obstructive Pulmonary Disease (COPD) and that the person had suffered sepsis in the past. This important information regarding the person's medical history, and the risks associated with this was not included in the person's care plans and risk assessments so there was a risk that staff may not be aware of these risks and how to mitigate them. We discussed this person's care plan with the registered manager and they ensured that it was updated immediately to give staff the necessary guidance they required.

Staff told us that one person had fallen out of bed and had bed rails fitted. They told us that this person had agreed to this but there was no written confirmation on file to confirm this. The risks relating to the bed rails and the possible impact on the person's care had not been assessed.

Previously, medicines were not always managed safely. There was a lack of oversight regarding topical medicine administration such as creams or sprays, and when staff administered people's medicines from a dosette box. A dosette box is pre-packaged medicine from the pharmacy. At this inspection some improvements had been made, however, we still found issues regarding medicines management.

There was now detailed guidance in place for staff regarding different creams or sprays that people used. There were body maps in place which showed staff where to apply people's cream. The provider had also put in place a system of recording all medicines stored in people's dosette boxes. This ensured they had oversight regarding the medicines that staff administered and were able to follow up on any anomalies.

However, we reviewed one person's medicines administration record (MAR) and there were multiple gaps in staff signatures to confirm that medicines had been given. Staff shared the administration of the person's medicines with their relatives and they did not consistently record when the relative had administered the person's medicines. In the person's daily notes staff had documented that they had administered a strong painkiller with specific administration and storage requirements. The painkiller was written on the person's MAR but staff had not signed this to show the medicine had been administered. The gap on the MAR made it appear as though the medicine had not been given and that the relative had administered it instead. Without consistent recording there was a risk that the person's medicines would not be administered safely or they may be given too much or too little. We discussed this with the provider and they described it as, "Disappointing."

Since our inspection of one of the provider's other services the registered manager had implemented a new way of auditing medicines records. They now cross-referenced people's daily notes with their records to ensure there were no discrepancies. This new method of auditing had identified that staff were regularly recording in a person's daily notes that they were administering paracetamol to a person but there was no MAR in place. The registered manager had immediately implemented a MAR so staff could consistently record when they had assisted the person to take paracetamol and how much.

The provider and registered manager had failed to adequately assess all risks relating to people's care and support. The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an ongoing recruitment process to ensure that there were sufficient numbers of staff on duty at all times. The staff schedules indicated that people received care from regular staff. Staff talked about their schedules and how they visited the same people each day. They said continuity of care was good and confirmed they had the same people to visit. People told us that they appreciated the relationships they had built up with their regular staff as they felt they knew them well. One person said, "I always have the same carer unless she's on holiday, so I feel very safe and know her well." Another person told us, "We have the same lady visiting on a regular basis so you can form a bit more trust."

The co-ordinators arranged visits as geographically close as possible to reduce the travelling time between calls. Staff told us they worked hard as a team to cover when staff were sick or absent to ensure that people received the care they needed. All calls were covered when staff were absent or on annual leave and no missed calls had been recorded.

People said that staff usually arrived on time and they were informed if they were running late. One person told us, "They are dead on time every time they come, they are brilliant and they make sure I have everything I need before they leave so I don't have a fall." Another person said, "If I am ever worried about where they have got to or what they are doing I just call and someone will always put my mind at ease with kind words, advice and help."

People told us they did not feel rushed by staff and were given the time they needed to be as independent as possible. One person said, "We don't get rushed and they're always very, very good when they're here and help with anything that comes their way without hesitation." Another person said, "Staff never rush me and let me do things in my own time."

There was an on call system for people to use outside of office hours. This information was included in people's care folders to ensure they had the contact numbers in case of an emergency. In the event of an

emergency such as bad weather, there was detailed information as to how the service would continue to be provided, such as emergency schedules for staff and the use of four wheeled vehicles. Technical data was protected and backed up to ensure the service would be able to access the information to run the service.

Staff had an understanding of infection prevention and control. They had received training in how to minimise the spread of infection and people told us they always wore protective equipment when assisting them in their homes.

Staff told us that they had completed all of the checks required before they started working in the community such as the Disclosure and Barring Service (DBS) criminal records checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff files showed confirmation of these checks together with other relevant checks such as previous employment history and satisfactory written references.

Staff talked about how they would protect people from harm and report any suspicion of abuse to the managers at once. They understood that social services' safeguarding team would decide to raise an alert if required. Staff were able to give examples of what constitutes abuse in line with current legislation. They were also aware of how to report staff if they observed poor care practice in line with the whistle blowing policy. The registered manager had reported any potential safeguarding incidents to the local authority and action had been taken to reduce the risk of incidents happening again.

The registered manager had recently introduced an overview sheet to give them greater analysis of any accidents or incidents that occurred at the service. The registered manager told us they wanted to learn from events when they happened and encouraged staff to be open and transparent if things went wrong.

Is the service effective?

Our findings

People told us that they received effective care and that staff were competent and well trained. One person said, "I know [staff member] is well trained and knows exactly what they are doing in any situation that is thrown at them. They are brilliant at their job." Another person said, "I am very happy with the service and the carers are brilliant, well trained, helpful and always willing to go that little bit further." A relative told us, "I feel all the staff that come out know what they are doing. They will assist [my loved one] with whatever needs doing at the time of their arrival and they are very adaptable like that."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own home these applications must be made to the Court of Protection.

No one was subject to an order from the Court of Protection and the registered manager told us that most people had capacity to make their own decisions. People had signed their care plans to show that they consented to receiving care from the service.

Records did not always fully describe people's levels of understanding or capacity. One person's assessment from the local authority stated that they were 'confused.' Although the service had been informed of this there was no further information regarding the person's confusion or a mental capacity assessment regarding how they were supported to make decisions about their care. There was no guidance for staff regarding how to support the person with their confusion. We discussed this with the registered manager who took action to update the record. Although the record was not up to date staff acted in line with the principles of the Mental Capacity Act in that they assumed the person had capacity, they offered information in a way the person could understand and acted in their best interests.

Although some of the records lacked clarity in places, we spoke with staff and they had an understanding of the MCA. They explained how they offered people choices and told us they would speak to the office if they had any concerns about a person's understanding. People told us that staff asked for their permission before assisting them. One person said, "They [staff] will always without exception listen to me and act on exactly what I ask of them, they are marvellous." Another person told us, "They always ask what help I'd like and ask me how I would like things done."

People's needs were assessed before they started using the service. A task list for staff to complete at each call was written, along with an assessment of risks related to providing support to each person. People confirmed they felt involved in planning their care. One person said, "We do discuss the care plan and if

anything needs adapting and they always ask what help we would like and if anything needs changing." Another person told us, They always keep me informed of any changes and if they think there should be any changes in my care plan and we discuss it together, nothing is set in stone they are very adaptable."

Office staff reviewed people's care plans on a six monthly basis. The registered manager and senior staff were aware of best practice guidelines such as: The National Institute for Health and Care Excellence (NICE) guidelines on 'Managing medicines for adults receiving social care in the community.' These were available in the office and staff were in the process of implementing medicines records in line with this guidance.

Some people received support to eat and have their meals prepared for them. Staff left drinks out where people could reach them after they left the call. People confirmed that they did this and that staff asked if there was anything else they needed before they left. One person said, "They help with meals if I ask them and will always leave a cup of tea with me and a biscuit when they go." Another person said, "They [staff] will get my tea ready and leave it out for me for later so I don't have the worry." A relative told us, they will always get his meal if I ask or make it for him to have later on."

Some people received support from health care professionals such as district nurses, whilst staff provided people's personal care. Staff told us communication was good in these instances and important information was shared between the different teams. We met two district nurses when we were visiting people in their homes. They told us that staff were professional and that they had built up a relationship with the regular staff who visited people. One nurse told us, "I have no problems, they are really good. It is nice that [person] has regular carers, as we have got to know them too."

There was information in place for staff regarding a variety of healthcare conditions such as epilepsy and diabetes. Staff told us they took action if people were unwell and informed the office if anything happened whilst they were offering support to people. There was a board in place in the main office to track anyone in hospital so staff knew who had been unwell and when they were likely to be discharged.

People spoke positively about the support they received to manage their health. "They will call the doctor or district nurse or anything that I require. That hour and a half that they are here is a real godsend."

Staff told us that they received regular supervision and had completed an appraisal to discuss their ongoing training and development needs. They told us that the training was good and they were up-to-date with refresher courses. People confirmed that they felt staff were well trained. One person said, "The girls all know what they're doing, whatever I may throw at them." The training programme ensured that staff received ongoing training and updates relevant to their roles. Staff completed evidence based questionnaires on each training session provided and in addition completed an evaluation for at each training session. Spot checks and observations were also completed by managers and senior staff. The majority of the staff had achieved qualifications in health and social care or were working towards this.

New staff completed induction training linked to current guidance and shadowed experienced staff until they felt confident to work on their own. They often completed calls where two members of staff were needed to give them confidence whilst learning about people's routine and care needs.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "The staff are unfalteringly friendly and caring." Another person said, "They are excellent as far as I am concerned always caring and always as helpful as can be." A relative told us, "They are all friendly girls, I usually have the same ones and they are great with [my loved one] and ever so caring. Staff don't rush them and always make sure they are comfortable before they leave."

The registered manager and provider had carried out a quality assurance survey in February 2017. 100 per cent of people had responded that they felt that 'staff were friendly and caring.' There had been feedback that stated, 'My carer is so friendly and cheerful' and, 'All the carers listen to what I have requested.' People we spoke with echoed these thoughts telling us that staff were patient and compassionate. One person told us, "They are exceptionally caring and will always listen to me." Another person said, "They are very caring and very careful when they help me as I can be and feel quite delicate."

Staff had asked people some important things about themselves such as their preferred name and information about their lives before they started using the service. This information was recorded in people's care plans. Staff told us that they had got to know the people they visited and gave support to. People said they had built up strong relationships with staff, and looked forward to their visits. One person said, "We are all used to one another and have a good laugh and a chat. I am very happy with the service."

Staff listened to people and made them feel that they mattered. People talked at length about the conversations they had with staff and how this made them feel valued. One person told us, "They [staff] always ask when they arrive what I'd like help with before they get started but they will always make time for a chat and I really look forward to their visits." Another person said, "We have a good old natter about my family and the goings on and they always remembers what we have talked about the following visit."

Staff told us they enjoyed working for the service and supporting people in the community. They said, "I love getting up for work is it so rewarding." Another person told us they had started working in care in order to, "Give something back."

People were treated with respect and dignity and confirmed that their privacy was respected. The service was part of the dignity champion national scheme, which promoted that everyone should be treated with dignity as a basic human right, not an optional extra. People told us they felt staff always considered their dignity. One person said, "It is the little things, like ensuring I am comfortable and covered." Staff told us how they always knocked on people's doors and announced that they were there before entering people's homes. One staff member told us, "I always use a towel to protect people's modesty." People told us that staff never discussed their other people with them: confidentiality was respected.

People were encouraged to be as independent as possible. People told us that staff encouraged them to do tasks themselves, if they were able and offered support in an encouraging way if there were things they could no longer do. We visited one person in their home and they explained in detail about what they were

able to do and what staff did to support them to retain their independence. They summarised the support they received by saying, "I have always been very independent. I try to do what I can for myself."

Staff told us that most people did not require support to help them make decisions about their care, and those who did were supported by their relatives. No one at the time of the inspection was being supported by an advocate. (An advocate helps people to make informed choices.)

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "They are great and everything is done just the way I like it. They adapt to my methods where necessary so I do feel confident with them and confident that if I have any concerns they will be dealt with accordingly, as they always have been." Another person told us, "They always want to and are eager to help whatever my day brings. I can always ask for more or less if I don't need the care and they will just do what needs doing around the flat."

Care plans should be personalised and contain a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. Care plans varied in detail and were not always personalised. In some cases information about what people could do for themselves was included such as how they could wash their hands and face. However, there was a lack of detail in other areas such as 'support person to get out of the shower' or 'assist to dry'. There were no details of what exact support the person needed or what assistance they needed to dry themselves. One person's care plan noted that in the shower the person had equipment to support them, but this equipment was not mentioned in the detail to 'assist' them in the shower. Staff were working independently in people's homes without supervision and without specific guidance there was a risk that people may not be supported in the way that suited them best.

We visited one person in their home and they told us important information regarding their ability to move their arms. Staff administered the person's eye drops daily, as the person could not raise their arm high enough to place the eye drops in their eye. Although their care plan stated that staff should administer the eye drops, this important information regarding the person's flexibility was not written down. This could impact on the person's independence and any support they required. The person told us they were very independent and that they tried, "To do as much as I can for myself."

Another person told us that their regular member of staff always told them the time they would be coming for their lunch time call. The person turned their oven on and placed food in the oven before staff arrived so staff could assist with removing the person's heated lunch time meal. When the regular staff member was on holiday or not available the person was not informed what time staff would be coming at lunch time, meaning they were unable to have an oven heated meal, as they preferred. The person's care plan stated that staff should assist the person with a microwaved meal and did not detail the assistance the person needed with the oven, so staff would be unaware of this person's preference.

We discussed these issues with the registered manager and they ensured that people's care plans were updated accordingly after the inspection. They emailed us to confirm that this work had been done.

The provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that care plans were updated when things changed and told us how one person's creams had

been changed a couple of days ago and they had been made aware of these changes.

People knew how to complain and had the relevant information in their homes to raise any concerns or issues. People told us that they found the office staff and management team approachable and would not hesitate to raise concerns if necessary. One person told us, "They do make sure they listen to us and I would say they do try to help all they can and really want to change things for the good. If we ask for things to be done slightly differently, whether it is the time of their visit or whether it is the way they change the bed clothes or tidy they always want to please." Another person said, "I've never had a concern but if I did I wouldn't hesitate in calling up."

The registered manager had recorded, investigated and responded to all complaints in line with the provider's policy. There were clear details of the process and what action had been taken. When people were not satisfied with the service provided the registered manager took action to ensure the situation was resolved.

The service had previously supported people at the end of their life, but was not currently doing so.

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person said, "I think that the service is great and so does [my loved one.] We have never had a problem and would not think twice about approaching the manager. Whenever we call the office we are met with help and a welcoming chat to organise our needs and care." People commented that their needs were dealt with promptly and that the office staff were always polite and helpful. One person said, "The office is great and always wants to listen and help." Another person told us, "The office will always call me back if I leave a message and nothing is too much trouble."

At our last inspection there was one breach of the regulations. The provider had not fully mitigated the risks to people's health and safety or in relation to the safe management of medicines. Although some improvements had been made, there remained shortfalls in the safe management of medicines. The provider sent CQC an action plan stating they would be compliant with the regulations by 1 March 2017 but at the time of this inspection appropriate action had not been taken to ensure compliance.

The audits and systems in place to check the quality of care being provided were not fully effective. They had not identified the shortfalls found at this inspection. Accidents and incidents were recorded and the registered manager was in the process of implementing a system to analyse the information and look for patterns and trends. Records, such as details in risk assessments, care plans and medicine management had not always been completed.

The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to ensure the safe management of medicines. Records were not always complete or accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they thought the service was very well organised and the registered manager listened and acted promptly to their ideas and suggestions. They gave an example when they raised the issue of the lack of travel time, which they told us had now improved.

Staff told us that the management of the service was very supportive. They told us that all of the staff, including the management worked well as a team. They said, "We all help each other, we are like an extended family." "As an organisation we really do care and make sure people have the little extras." "I would recommend this service to everyone, including a member of my family."

Regular staff meetings were held to ensure that staff had the opportunity to raise their issues and discuss matters about the service. Minutes were kept to ensure that all staff would be aware of the outcome of the meeting.

Staff were aware of their responsibilities and the visions and values of the service, they described the ethos of the service. They said, "We treat people with dignity and respect, as we would like to be treated ourselves."

Generally, the registered manager had oversight of the service and was also the area manager for the organisation. The registered manager was supported by a team of office staff who co-ordinated the care, completed care needs assessments, completed care plan reviews, staff supervisions and quality assurance.

The provider and management team were passionate about providing care to a quality standard. They were involved in providing additional services such as carers support; which endeavours to support people after hospital discharge to help them return to their own home.

People were encouraged to voice their opinions and give feedback about the quality of care through meetings and surveys. A quality assurance survey dated February 2017 was sent to people, staff, and health care professionals. Overall the survey was very positive with 98 per cent of people feeling satisfied with the service. Staff indicated they were 100 per cent satisfied with the support they received. They said, 'I am very happy with my job and this company is very understanding and supportive.'

Care professionals had all stated that the service was either good or excellent. Comments included, 'The staff are excellent at keeping in contact with me with regard to any changes or concerns and I am pleased with the service' and, 'I am extremely satisfied with the office and management staff.'

Results of the survey had been sent to people stating that they could visit the Meritum website for an update on responses, however there was no information on the website about the survey carried out in February 2017. This was an area for improvement.

The organisation was working in partnership with doctors, nurses, and pharmacists to develop a medication pathway to resolve any ongoing issues with people's medicines. The provider was a member of a working group with the local health authority to produce and improve medicine policy and develop practical solutions. They had also completed an advanced first aid course to provide all the first aid training to staff. The registered manager and senior staff had attended forums and workshops to improve their practice and keep up to date with current legislation.

The provider was involved with the South Kent coast Clinical Commissioning Group in producing a careworker/carers handbook which was in the initial stages of production. This information linked with the Care Certificate, which is an identified set of standards that social care workers work through based on their competency. The handbook contained clear guidance to support people to a good standard of care.

Quarterly meetings with the local authority were held and the registered manager attended these strategy meetings to discuss the care sector and the future challenges in the care sector. They were members of the Kent Integrated Care Alliance to share good practice and ideas.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that appropriate action had been taken. The provider had notified the Care Quality Commission of important events as required.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to adequately assess all risks relating to people's care and support.</p> <p>The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to ensure the safe management of medicines. Records were not always complete or accurate.</p>