

Miss Laucina Meyers

Meyers Care Agency

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on 29 July 2016.

We carried out an announced comprehensive inspection of this service on 27 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meyers Care Agency on our website at www.cqc.org.uk

During our inspection in January 2016; we found that staff had not been recruited safely to work at the service. Disclosure and Barring Service (DBS) checks had not been completed prior to members of staff commencing work and references obtained had not been validated or sought from an appropriate source. There were also gaps in the employment history of staff and application forms had not been completed fully. This meant that safe recruitment processes were not followed to ensure that people were protected from the employment of unsuitable members of staff.

We also identified that staff did not always receive adequate training or induction to carry out their roles effectively or receive appropriate levels of supervision or observation. This meant that people were not always supported by trained, competent members of staff.

In addition we found that the provider had not consistently implemented effective systems or processes to assess, monitor and improve the safety of the services being provided. Monitoring systems and processes were completed but did not identify any actions to make improvements when required.

Medicine audits had been completed but routinely failed to identify recording errors. Changes required to medicine administration records (MAR) to ensure that they accurately reflected the medicines being administered were also not identified.

Furthermore, we identified that a local authority inspection had taken place and no action had been taken to address areas identified for improvement or the completion of the required action points.

Meyers Care Agency is a domiciliary care agency providing personal care and support to people in their own homes. At the time of our inspection the agency was providing a service to five people.

The service had a registered manager who is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we found that safe recruitment procedures were in place. A recruitment policy was in place and a flowchart detailing each stage of the recruitment process to be followed had been implemented. An audit of staff files had been conducted and the records that we viewed were complete and the necessary pre-employment checks had been completed. However no new staff had been recruited to the service or commenced employment so the provider was unable to fully demonstrate any improvements they had made to the safety of the service since our last inspection.

We reviewed staff records and found that staff had received supervision and an appraisal meeting had been held. The provider also had completed competency checks on the performance of all staff. A review of all training completed by staff had been conducted and the provider had registered staff to complete further training. Records relating to training were consistent and fully completed.

We reviewed the audit and quality monitoring systems in place, and found that these had been improved. The medicine administration records (MAR) in place were more effective, audit checks were taking place and issues were identified and addressed. We also found the provider had taken action to address the areas for improvement identified in the local authority inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that the provider was unable to fully demonstrate the action that had been taken to improve the safety of the service.

There were systems and processes in place in respect of safe recruitment however; the provider had not recruited any new staff since our last inspection.

The provider has complied with the action we told them to take following our inspection in January 2016 so we have revised the rating for this key question.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

We found that members of staff had completed additional training and the records held were consistent. Observation and competency checks had been completed and an action plan for staff completed within an appraisal meeting.

While improvements had been made we have not revised the rating for this key question; to improve the rating would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the management of the service.

We found that monitoring of quality assurance and audit systems had improved since our last inspection but required further time to become embedded. Because of the improvement in the quality assurance systems, we observed an improvement to the way in which medicine administration records were managed, monitored and updated.

We also found the provider had taken action to address the areas for improvement identified in the local authority inspection.

Requires Improvement ●

While improvements had been made we have not revised the rating for this key question; to improve the rating would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.

Meyers Care Agency

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.

We undertook an announced focused inspection of Meyers Care Agency on 29 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on the 27 January 2016 had been made. The service was inspected against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led. This is because the service was not meeting some legal requirements.

We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with the local authority to gain their feedback as to the care that people received.

We visited the registered office and spoke to the provider.

We looked at the recruitment records and policy, supervision records and the records relating to the training of the staff employed at the service. We also reviewed audit systems and processes to ensure that robust quality monitoring processes were now in place.

Is the service safe?

Our findings

During our inspection in January 2016, we found that staff had not been recruited safely to work at the service. We found that Disclosure and Barring Service (DBS) checks had not been completed prior to two members of staff commencing work. It was also identified that, where members of staff had criminal convictions risk assessments to ensure the safety of people who might receive care from these staff had not been completed. The members of staff were no longer employed by the service.

We also found that there were gaps in the employment history of members of staff which had not been accounted for or questioned at interview and the references obtained had not been validated or sought from an appropriate source. This meant that people were not always protected from the risk of harm from unsuitable members of staff being employed by the agency. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a recruitment policy in place which detailed robust procedures. A flowchart had been implemented detailing each stage of the recruitment process to be followed prior to the employment of a new member of staff.

The recruitment policy stated the pre-employment checks required to be completed and the provider confirmed their understanding of this. The provider told us that "lessons had been learnt" following the last inspection and they would be following the recruitment procedure flowchart in place in the future to ensure that "unsafe decisions were not made again."

We reviewed staff recruitment files and found that each member of staff had a recent Disclosure and Barring Scheme (DBS) check in place and there were no gaps in their employment history. Appropriate references had been sought and verified by the provider. An audit of recruitment files had been completed to ensure that the records were complete and that the information contained within the file was up to date.

Robust recruitment procedures were in place however, as no additional staff had been recruited, the provider was unable to fully demonstrate how this had been followed in order to safely recruit staff to the service since our last inspection. The provider explained that two potential members of staff had recently been referred to them by the local employment service, however, when they attended the office for an informal meeting, they were both identified as unsuitable candidates and did not progress any further in the recruitment process.

Is the service effective?

Our findings

During our inspection in January 2016, we found inconsistencies in the training records for staff. We found that it was not always clear what courses staff had completed and certificates were not always available for courses that were recorded as having been completed. We also found that a new member of staff had not undertaken any training during their employment at the service.

We found that staff were not always regularly supervised and observations of staff practice were not completed. This meant that staff performance and competency was not regularly monitored or areas for development identified. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had followed the action plan they had written, to meet shortfalls in practice as described above and found the breach in regulation had been met.

Following our inspection the provider had completed a review of the training completed by all staff employed by the service. The provider told us, and records showed, that staff had undertaken a number of training courses since our last inspection. One member of care staff confirmed that they had recently undertaken a number of online training courses. This had included completing refresher training in safeguarding, moving and handling theory, food hygiene, safe administration of medicines and infection control. The provider had also registered two members of staff to complete the Care Certificate and certificates were present for each of the modules that staff had completed. The dates recorded on the training record for each member of staff matched the certificates present within the file.

The provider also confirmed, and records showed, that an observation and competency check had been completed for two members of staff, who had previously not had any. We found that the provider had attended two care calls with each of the employees and observed their practice. Feedback from people receiving the service was included in the competency check and comments seen were positive. The observation had included an evaluation of the member of staff's performance, skills, attitude and timeliness at the visits. These records were discussed with the member of staff at the time of the observation and used to inform their supervision session. An appraisal had also been completed with each member of staff and an action plan completed to develop their knowledge and skills.

Is the service well-led?

Our findings

During our inspection in January 2016, we found that although the service had quality monitoring systems in place, they did not identify actions or improvements when required. Audits of medicine administration records (MAR) had been completed but routinely failed to identify recording errors or changes required to MAR's to ensure that they accurately reflected the medicines being administered.

Furthermore, we identified that a local authority visit had taken place in October 2015 and had highlighted many of the same issues raised during our inspection but the service had not taken measures to address them. The provider had taken no action to improve the quality of service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had followed the action plan they had written, to meet shortfalls in practice as described above and found the breach in regulation had been met.

There were effective quality assurances processes in place. Monthly audits were completed on MAR's, daily records and the care plans in place for each person. These were used to identify any gaps in the records held, review the quality and content of the records completed by care workers and highlight any discrepancies in the care provided in comparison to the care plans in place. Where required action was taken, recorded and feedback provided to the care worker concerned.

Following our last inspection the provider confirmed, and records showed, that the audits completed on MAR's had been improved and were in more depth. The provider had made changes to the MAR's used by staff to include a section where staff could record additional information and the action they had taken at the time of administration. Records showed that the audits were consistently completed on a monthly basis and actions to be taken recorded.

Where action was required to be taken, in respect of the local authority inspection; we found that the provider had reviewed the action points to be completed and had taken action to address the areas for improvement or had recorded the steps for completion to take the required action including a timescale. For example, the registered manager had completed a review of the training records of all staff employed by the service and identified where refresher training was due to be completed.