

Mercury Care Services Limited

# Mercury Care Services Ltd

## Inspection report

781-781a, London Road  
Thornton Heath  
CR7 6AW

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08 July 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Mercury Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for thirty people. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had reviewed their medicines policy and procedure and all staff received appropriate training. This meant people received their medicines safely and staff had clear guidance to follow, informed by models of best practice.

Comprehensive risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

People were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of. Staff received training on safeguarding people.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

Accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

People's nutritional needs were met and where people required support with nutrition, care plans provided staff with guidance on people's support needs.

Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

People were supported to have healthier lives. Staff assisted them to access health professionals when needed to ensure their health and well-being was monitored.

People told us they benefitted from caring relationships with the staff.

People were treated as individuals by staff committed to respecting people's individual preferences. Care plans were person centred and people were actively involved in developing their support plans.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

The service was well led by the registered manager who was keen to employ innovative ways of working to develop the service. There were effective systems in place to monitor the quality of the service provided to people which ensured good governance.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 10 July 2018) with two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Mercury Care Services 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 to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

The inspection took place on 8 July 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or the registered manager would be in the office to support the inspection. Inspection activity started on 4 July and ended on 12 July 2019. We visited the office location on 8 July 2019.

#### What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information we require providers to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

#### During the inspection:

We visited the office and spoke with the registered manager and the quality assurance manager. We

reviewed a range of records. This included four people's care records and four staff files as well as other records relating to how the service was managed.

After the inspection:

We spoke three members of staff, nine people and their relatives of people who used the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

Using medicines safely.

At our last inspection the provider had failed to always ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed. Only staff who completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. We saw certificated evidence that supported this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed. Clear guidance was provided for staff to follow in how to administer medicines safely. Staff were able to describe the steps to ensure people received their medicines safely.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Comprehensive risk assessments were carried out for each person who used the service. We saw these on each care file we inspected. People told us they had signed them to indicate their agreement with them. We saw evidence of this on the files we checked.
- Staff understood where people required support to reduce the risk of avoidable harm. They told us care plans contained detailed guidance for them to follow to help keep people safe. Staff said they found this useful and risks to people and to themselves were reduced.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse. The service had safeguarding procedures in place that staff

were well aware of. Staff received training on safeguarding people. Staff demonstrated they had knowledge as to how to recognise abuse and they told us how they would respond to any safeguarding concerns they might encounter.

- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose
- Staff were required to sign the provider's policies and procedures to indicate they had read and understood them.

#### Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to provide care and support safely.
- There were appropriate staffing levels needed to meet people's assessed needs.

#### Preventing and controlling infection

- Staff told us they received training with infection control and with food hygiene as a part of their induction training. They also received refresher training as part of their further development programme. This knowledge, staff told us, helped to prevent the spread of infection to people.
- Staff told us they had access to appropriate supplies of personal protective equipment. This helped to prevent the spread of infection when staff delivered personal care.
- The registered manager and the quality assurance manager carried out 'spot checks' when staff provided care and support to people. Part of the process included monitoring staff practices relating to infection control. This meant risks were minimised for people from the spread of infections.

#### Learning lessons when things go wrong

- The registered manager showed us the records for logging any accidents or incidents that arose. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not ensured there was sufficient information or detail in people's care records to guide staff when providing catheter care for people. At this inspection the provider had addressed this and in each care file [where a person had the need for catheter care] there was good guidance in place for staff to follow. Staff told us they found this important in helping them to use best practice with catheter care.

- People's physical, mental health and social care needs were assessed and their care and support delivered in line with legislation, standards and evidenced based guidance. Care and support plans were outcome based.
- The provider carried out an initial assessment of people's needs to ensure all the information deemed necessary was collected so that those needs could be met. The registered manager said this assessment was used to develop the person's care and support plan and was agreed with people before care packages were delivered. People we spoke with confirmed this.
- People signed their assessments and support plans to indicate their agreement with them.

Staff support: induction, training, skills and experience

- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- The registered manager showed us the induction records used with all new staff. This evidenced all staff had received a comprehensive induction. Staff told us this helped them to carry out their roles effectively. Staff shadowed more experienced senior staff for five days as part of their induction programme.
- Staff received further training they said helped them to develop their skills and knowledge appropriately for their roles. The registered manager said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Regular one to one supervision sessions were held with staff. We saw the records the provider used to carry out spot checks on staff whilst they were providing support to people in their homes. During the checks they obtained the views of people who used the service about the staff working with them. Any issues were raised with staff in supervision so improvements could be made.

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

- People told us they were supported by staff appropriately with the preparation of their meals. They said

their help and support was agreed with them when their care plan was drawn up. They were happy with this support.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked in conjunction with other health services to make sure people's needs were met. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. The registered manager knew what they were responsible for under these principles.

- All the people receiving support had capacity to make their own decisions, this was confirmed by staff.

# 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

At the last inspection this key question was rated as good. At this inspection this key question remained 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 told us staff knew what was important to them in how they were supported. One person said, "She's very good, I get excellent care." A relative told us, "They do what they are supposed to do for [my family member] and they do it well."
- People were given the time and information they needed to make choices about their daily lives. We saw that care plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and targeted support. The language used within care plans and associated documents was factual and respectful. The registered manager told us that new staff were always introduced to the person prior to the first visit.
- Staff received training in equality and diversity. Needs assessments took into account people's religious and cultural needs. Support plans provided good information for staff so that they were aware of people's wishes and preferences in these areas. People told us staff understood and respected people's different cultures.

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

- People and relatives told us they were involved in their assessments of risks and needs. They confirmed their care and support plans were discussed with them before care started. We saw people signed these documents indicating their agreement with the content.
- People's records included information to do with their life histories. Staff told us this information together with the information gained when staff were supporting people, really helped both to gain a good understanding of each other and helped people to feel they mattered.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and maintained their dignity. People and relatives confirmed that staff provided them with support in a way they were comfortable with and felt respected by staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed before they started receiving support. Their care plan was developed based on the assessments completed by the registered manager and was agreed by people. A copy of the care plan was kept in people's homes for reference and another in the agency office.
- The care plan provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.
- Staff told us they always asked people how they wanted their care and support to be provided. People confirmed this with us.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary. Staff training would also be arranged.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The agency had an effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour responsibility to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People and their relatives spoke positively about the service they received from staff. They said the registered manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The managers and the staff want to provide excellent care and that comes across," and "This is a good service. The manager and staff are really helpful." People said they felt listened too and were able to approach the registered manager and other staff about any concerns they may have. They said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Comprehensive quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Since the last inspection the registered manager told us they had prioritised the development of their quality assurance systems. They were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. Regular spot checks of staff practice were undertaken by the registered manager that monitored how staff were working practically with the person as well as monitoring their performance. In this way they were able to ensure improvements were made where necessary.
- The provider implemented a wide variety of auditing tools including: regular telephone monitoring calls to people; unannounced spot checks and feedback surveys to gain the views of people, their relatives and staff. There were systems in place to review incidents and accidents which helped to ensure action was taken to prevent a recurrence.
- The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events.

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

- Staff regularly spoke with people to ensure they were happy with the service they received.
- Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2019 survey questionnaires were recently sent out and we saw some positive feedback that was already returned. The feedback was analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.
- People received a service from staff who were happy and committed to their work. They said they worked in an open and friendly culture. One staff member told us, "I love my job even though it can be tough sometimes." Another staff member said, "We get good support from the managers and the staff team is supportive. That really helps us with what we do." Staff told us the registered manager dealt effectively with any concerns if they were raised.

#### Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a coherent team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.