

Meridian Health and Social Care Limited

# Meridian Health and Social Care - Middlesbrough

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Meridian Health and Social Care is a domiciliary care agency providing personal care to adults living in their own homes and flats. At the time of inspection, the service was supporting 75 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Processes were in place to monitor the safety and quality of the service. However quality assurance checks had not highlighted the issues found during this inspection regarding medicines records, recruitment checks and reporting of some incidents to CQC.

People told us they felt safe with the care they received from staff. Effective risk assessments and systems were in place to keep people safe from abuse or avoidable harm. The management team and staff understood their roles and responsibilities for raising and sharing any concerns with professionals. We found two concerns had not been notified to CQC as the management team were unclear about some notifiable incidents. We have made a recommendation about this.

People's health needs were assessed before starting with the service. People received care from staff who knew them well and who were trained to support people safely. Infection control processes were in place and staff had access to adequate supplies of PPE.

People told us they received their medicines as prescribed. Some people's medicines records had not been completed correctly in line with national guidance and the provider's medication policy. The provider's quality monitoring processes had not identified these. We have made a recommendation about this.

Recruitment processes were in place to ensure only appropriate staff were employed to work with vulnerable people. Some gaps were found in people's employment history records which had not been found, either during the recruitment process or the provider's quality monitoring processes. We have made a recommendation about this.

We received mixed views from people and staff regarding whether there were enough staff employed to support people. The provider has an ongoing recruitment process in place.

People were supported by staff to eat and drink enough to maintain a healthy lifestyle. Where necessary, staff referred people to their GP and other medical professionals to make sure people were supported to remain well.

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 and their families told us they were involved in the decisions made about the care they received.

Staff supported people in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude. People were encouraged to be as independent as possible. People received care which was centred around not only their needs, but also their wishes and choices. Care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint, although no formal complaints had been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future. The management team worked in partnership with people, their families and other people involved in their care, for example other health professionals.

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

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

#### Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

#### Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meridian Health and Social Care - Middlesbrough

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken 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 houses 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

We gave the service 24 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 27 May 2021 and ended on 2 June 2021. We visited the office location on 27 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke by telephone with seven people who used the service and three relatives, about their experience of the care provided. We spoke with eight members of staff including the provider's regional manager, registered manager, care coordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly works with the service.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Requires Improvement

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

This is the first inspection for 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had been logged, investigated, and notified to the local authority and professionals. Two notifications had not been made to CQC due to the management team being uncertain if these were notifiable incidents. The provider's quality assurance process had not identified this.

We recommend the provider undertakes a review of their safeguarding reporting and monitoring systems and provides the management team with further training.

- Staff understood safeguarding issues, knew people well and could tell us how they minimised risks to people's health.
- People told us staff provided safe care. One person said, "I do feel safe, staff make sure my house is locked up when they leave and that I have everything I might need."
- Training records showed, and staff confirmed, they had received training in how to safeguard both adults and children.

Staffing and recruitment

- We received mixed views from people around the amount of staff employed to meet their needs. Some people told us staff had enough time to meet their needs, others said staff were rushed. Comments included, "Staff are very pleasant and efficient. They arrive on time and stay the full 45 minutes" and "I don't know who does the rota but I feel the expectations on staff are too much, they are exhausted and rushed off their feet."
- The provider had an ongoing recruitment process in place to recruit more people to work for the service.
- Gaps in some people's employment history had not been identified or discussed during their interview process. The provider's quality assurance process had failed to pick this up.

We recommend the provider undertakes a review of their recruitment processes, monitoring systems and provides management staff with additional training in this area.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "Staff help me with my medication, it's always on time and there haven't been any problems with it."
- Records for the administration of medicines were not always completed accurately and in line with the

provider's medication policy. Audits had failed to identify this.

We recommend the provider undertakes a full review of their medicines auditing processes and provides staff with additional training.

- Where people were prescribed medicines to be given 'when required', records provided staff with enough information on how to manage these.
- Medicines were administered by staff who had received training and had their competencies to administer medicines assessed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Care plans recorded people's current health needs and provided staff with clear guidance on how to support those needs.
- Risk assessments provided clear guidance to alert staff on what to look for and how to support people with specific health conditions such as diabetes.
- Arrangements were in place to learn lessons when things went wrong.

Preventing and controlling infection

- People were protected from the risk of infection by staff had who had received training and followed safe practices. Staff had access to personal protective equipment such as disposable face masks, gloves, and aprons. One relative told us, "We do feel safe, staff all wear masks, aprons and gloves every time they come."
- We were assured that the provider was preventing staff from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health and social care needs were assessed before the service began, to ensure the support they received reflected best practice, national guidance and achieved the best possible outcomes.
- Care and support plans considered all areas of each person's life, clearly setting out people's needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to effectively support their needs. One relative said, "Staff definitely seem experienced and know what they are doing, [person's name] is happy with staff coming in and how they look after [person]."
- New staff completed an induction programme prior to beginning work and had opportunities to shadow more experienced staff.
- Most staff said the management team were approachable and they were able to contact someone if they required advice or support.
- All staff had the opportunity for support, supervision, and appraisal.

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

- People were supported with eating and drinking effectively, including where any specialist diets were needed. One person said, "Staff come at the same time every day. I am very happy with the quality of the food they make me."
- Staff considered people's choices with meals and the level of support required.
- Staff worked closely with other health professionals to make sure people received food and drinks according to their needs. Care plans evidenced assessments by dietitians.
- Care plans showed where there were concerns with people's eating, drinking or their weight; staff monitored people's health and reported any concerns.

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

- People were supported to access services to maintain and improve their health. One relative said, "Staff think [person] may have a water infection so they arranged for a water sample to be sent to our GP."
- Staff worked closely with other organisations. Records showed staff contacted GPs, district nurses, occupational therapists and other healthcare professionals when required.
- People were supported by staff to access community health services and appointments when required.
- The management team worked in partnership with other organisations to ensure they delivered joined-up

care and support for people.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with law and guidance. People received their care in the least restrictive way.
- People's care plans contained information about whether people could consent to their care or if their relatives had the legal authority to act on their behalf.
- Staff had a good understanding of people's communication needs and supported people to make day to day decisions and choices.
- Records showed staff had received training in 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

- Staff received training in equality and diversity. People's cultural and spiritual needs were respected and recorded.
- The management team monitored staff practices to ensure they were kind and caring.
- People said staff were respectful and treated them with kindness. One person said, "What I can say is that all staff are polite and friendly. They are professional in their roles." One relative said, "Staff are excellent, they have a very pleasant manner and are very efficient."

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

- Records were clear to show all people had been involved in making decisions about their care. One person said, "At the moment we are getting two members of staff who are both very nice. Eventually we will have the same carer all the time when we decide which of the two, we want."
- People were asked for their views about the service through surveys. The management team also carried out visits to people to check on the service provided and gather people's views.
- Staff used appropriate communication methods to support people to be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- Care plans reflected the steps staff needed to take to promote people's independence and the goals they wished to achieve.
- Staff could explain how they respected people's right to have privacy and dignity promoted. One member of staff said, "I treat everyone how I would want my own family to be treated."
- One person said, "I have one main member of staff who goes above and beyond. They always ask me before doing anything and check that I have everything I want before they leave."
- Confidential information was stored securely and in line with the UK General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care because their care plans provided staff with information about their individual needs.
- Care and support plans reflected people's wishes and choices about what was important to them. These showed people were involved in all aspects of planning their care and support, including their preference for male or female staff.

Meeting people's communication needs; improving care quality in response to complaints or concerns  
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 can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS. Care plans were individual to each person and reflected their preferred ways of communication.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they communicated their choices.
- The provider had a range of information in an accessible format to support people to be involved, raise any concerns and share their feedback on the service. This included easy read complaints records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records show people were supported to access activities within the local community prior to the COVID-19 pandemic. Plans were in place to start supporting people back out into the community when they wished.
- Staff respected people's right to have their own family life. Relatives and friends had been kept involved with people's care and support throughout the COVID-19 pandemic.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The registered manager informed us that, when required, they would work closely with people, their relatives and other professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their life.

# 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

- Quality monitoring of the service had failed to identify the issues found during this inspection regarding the inaccuracies in people's medicines records, gaps in recruitment records and, inconsistencies of reporting some incidents to CQC.

We recommend the provider undertakes a full review of their quality monitoring and assurance processes and provides the management team with further guidance and training in this area.

- We received mixed views about how the service was managed. Comments included, "I don't get any notification from the office to tell me if staff are going to be late. I usually end up calling to find out where staff are" and, "I do get calls from them letting me know if staff are going to be late."
- Appropriate reporting had been carried out to notify local authorities when incidents had occurred.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The management team demonstrated a commitment throughout this inspection to provide a quality and person-centred service that met people's needs.
- Staff were complimentary about support they received from the registered manager and how difficult a year this had been for everyone.
- Care plans demonstrated the service worked in partnership with wider stakeholders to meet people's needs.

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

- Policies, procedures and best practice guidance were in place.
- The provider's responsibilities around the duty of candour were applied when something was identified to have gone wrong.

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

- Surveys and telephone calls were made to people and their relatives to gather their views on the quality of the service received. One person told us, "The office send out questionnaires which I do fill in and send

back."

- Staff meetings had continued throughout the COVID-19 pandemic via telephone to support staff. This allowed staff to express their views and share any concerns.

Working in partnership with others

- Evidence in care records demonstrated the management team and staff worked in partnership with wider stakeholders to meet people's needs. One professional working with the service told us, "The registered manager is brilliant and passionate about care. They are very approachable, accommodating and always does their best for service users, often going above and beyond what would be expected. The service is very responsive and often will implement changes immediately to benefit their service users."