

Mercylink Care Services Ltd

Mercylink Care

Cambridgeshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Mercylink Care Cambridgeshire is a domiciliary care service that provides personal care and support to people living in their own homes. They also provide live-in care support. This means a staff member lives with the person in their own home. The service provided personal care and support to 37 adults at the time of the inspection.

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

People, and their relatives had mixed opinions as to whether they were asked to formally feedback on the quality of the service provided. Staff completed a survey which in the main was positive, however it was unclear how feedback from staff was used to improve the service. Audits were carried out to monitor the quality of the service provided. These audits were not always robust enough to identify all areas needing improvement. The registered manager's oversight of audits and their findings were not always clear or detailed enough to identify patterns and trends on an ongoing basis.

People's needs were assessed before they started using the service to ensure their needs could be met in line with current guidance and legislation. Staff were trained, however people had mixed opinions about how competent some new staff were when supporting them. Staff had some spot checks undertaken to check their competency. However, catheter care spot checks had not been completed recently to ensure staff followed this training. Staff were encouraged to discuss and review their performance through supervision and team meetings.

Potential new staff to the service had a series of checks carried out to ensure they were suitable to work with the people they supported. Staff were kind and respectful towards people. Where people or their relatives had raised concerns, these were investigated. There were enough knowledgeable and trained staff to meet people's care and support needs. Staff understood how to keep people safe from poor care and harm. Staff told us they would whistle-blow any concerns they may have to their registered manager or the CQC. Where people wanted to discuss their end of life wishes this information would be recorded to guide staff.

Staff had access to information in peoples' care plans and risk assessments that helped guide them to care

and support people effectively. However, risk assessments for catheter care support and or hoisting could be more detailed to help guide staff. Staff told us they were trained in infection prevention and control and followed good practice guidance in relation to this. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

Staff encouraged people to drink and eat plenty. People were encouraged to make their own choices and these choices were respected. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people to be as independent as possible and with the support from staff people were able to remain in their own homes. Staff also encouraged people and their relatives, where appropriate, to be involved in discussions around their support and care needs.

The registered manager worked with external health and social care professionals. This would help people to receive joined up care and support. There was a process in place to investigate and resolve complaints wherever possible. The registered manager took actions as a result of learning to try to reduce the risk of recurrence.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection also was based on the service being unrated since it registered with the CQC.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst there was no evidence of risk of harm to people, quality monitoring systems were not robust enough to accurately monitor and identify areas found requiring improvement. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Mercylink Care Cambridgeshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an 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 and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 20 September 2022 when we visited the

location's office.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 23 March 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since they registered with the CQC. We sought feedback from two local authorities who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review some of the documentation requested. We spoke with five people who used the service and three relatives of people who used the service about their experience of the care provided. We received feedback from two local authorities. We spoke with five members of staff including the registered manager, and four care staff.

We reviewed a range of records using electronic file sharing and during our site visit. This included four people's care records and medication records. We looked at three staff files in relation to recruitment, and right to work permits during our office visit. We also looked at staffs training and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and policies.

After the inspection

We continued to seek clarity about whether the service provided the regulated activity of personal care support to people with a learning disability and or autism. The registered manager told us they did not at the time of this inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff had guidance to follow in people's care records on how to support people safely with their individualised risks. However, information to guide staff in some of these records could be more detailed. For example, around hoisting people using equipment and catheter care support. The registered manager told us they would make these improvements and submitted evidence of this after the inspection. It was too soon to see whether these improvements would be embedded.
- Most people and relatives were confident staff could support them safely. However, we were given examples of when people had to prompt staff when staff supported them.
- Staff had access to information recorded in people's care records that detailed any equipment the person used to move and reposition safely. These records guided staff on when the equipment was last serviced and by whom and when the next service of the equipment was due.
- Staff had access to people's personal emergency evacuation plans that were recorded within people's internal environment risk assessment. This guided staff, if present in the event of an emergency such as a fire.

Using medicines safely

- Staff supported people to remain as independent as possible with their medication. Most people were happy with their medication support. Although two people told us they sometimes had to remind staff to administer their medicines. One person said, "I do have to tell [staff] sometimes what to do as regards my medication."
- Staff used people's medication administration records (MARs) and 'as required' medicine protocols to guide them to administer medicines safely. As required medicine protocols recorded the maximum number of tablets a person could have in 24 hours. However, it did not always remind staff on the gap required between each dose. We spoke to the registered manager about this, and they said they would make this improvement where needed.
- Staff were trained to administer people's prescribed medication safely and had their competency to do so spot checked.

Systems and processes to safeguard people from the risk of abuse

- Staff explained how they would safeguard people from poor care or harm, in line with their training. Staff told us they would whistle-blow if they had concerns.
- Staff supported people and this assistance enabled them to carry on living as independently as possible in their own homes. Most people told us the support from staff gave them reassurance. A person said, "Yes, I feel very safe, [Staff] are very good."

Staffing and recruitment

- There were enough staff to meet people's needs safely. New staff were currently being recruited. People told us staff in the main were punctual and if there were delays, they were informed.
- People confirmed there had been no missed care call visits. A person told us, "Sometimes [staff] may be a little late but that is down to the unusual circumstances they have to deal with. They usually let me know. I have never had a time when nobody has arrived."
- The registered manager told us they were continuing to improve the way in which care calls were monitored by introducing an electronic monitoring system in October 2022.
- Staff had to undergo a series of checks to help ensure that they were suitable to work with the people they supported. Checks included references from previous employers, checks on right to work permits, and explanations for any gaps in their employment history and criminal record checks.

Preventing and controlling infection

- Staff had training in infection control. Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. A person confirmed, "[Staff] all wear the COVID-19 stuff (PPE)."
- Staff had COVID-19 risk assessments in place which identified if they were at an increased risk. People also had a COVID-19 risk assessment in place to guide staff on how to promote good infection control practices and what PPE to wear and when.

Learning lessons when things go wrong

- Staff told us lessons learnt when things went wrong and or a complaint had been raised during their supervisions and gave us some examples.
- Quality assurance analysis showed that some staff had been late to care call visits during a recent rail strike. Actions taken as a result of learning was to telephone people using the service to inform them and apologise. Care call visits were also prioritised according to the needs of the person requiring care and support. A relative told us, "[Staff] are occasionally late, but it's usually caused by a train strike for example. They always call and inform us."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were trained to support people. Most people told us they had confidence in the staff that supported them. However, two people felt that some new staff lacked confidence and knowledge. One person said, "Yes I feel safe with some but not all [staff]. They send (two staff) in when (one) is shadowing. Then the one will come on their own and they don't know what to do! I have to keep telling them." A relative confirmed, "[Staff] are all well trained, although some of the newer, younger ones are not quite there yet."
- Staff had to complete an induction, undertake shadow shifts. This meant they shadowed another staff member during care call visits. Staff told us they had supervisions and competency spot checks to review and discuss their performance. However, these had not been completed recently in areas such as catheter care.
- A staff member told us, "(I had) three days shadow shifts. Shadow shifts were more helpful than the training. You got to meet the people you would be supporting."
- The registered manager told us their future goal was to support staff who wished to develop skills and knowledge in health and social care.

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

- Staff delivered people's care in line with their agreed and individualised care and support preferences. A person said, "Yes we were involved with a meeting and a care plan when I began (at the service) and it is all followed to the book."
- People's needs were assessed before they started using the service to make sure the service could meet their needs. In line with current guidance and legislation.

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

- Staff supported people, to eat and drink enough. A person told us, "[Staff] always leave me a glass of squash and one of them always made sure they left me water as well during the really hot weather." A relative said, "[Staff] always ensure [family member] has plenty to drink."
- Staff told us how they encouraged people to eat and drink enough. A staff member said, "The (persons) family will tell me what food the person likes. We also get any allergy information. We check food expiry dates."

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

- Staff respected people's independence to make their own health and social care appointments or to be

supported by friends or family. A relative confirmed, "If [family member] needs a GP or a chiropodist or anything like that I will deal with that."

- A staff member gave an example of when they had arrived at a care call visit and found a person requiring emergency healthcare. They said, "Any health concerns with people supported you would either call GP, or 999, or 111."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the MCA and how to support people in line with the standards of this.
- Staff promoted and maintained people's rights to make their own choices. This included what to eat, drink and what to wear. A person told us, "Staff are respectful and listen to your choices." Another told us, "[Staff] treat me with respect and always tell me what they are doing and check that it is alright with me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's individual preferences and protected characteristics were supported by staff.
- Records guided staff on people's likes, dislikes and how they wished to be supported.
- Feedback received about the service provided by staff was in the main positive. People said, "[Staff] are all caring people and I feel that I can talk with them as they are compassionate and kind towards me." Another person told us, "Yes I find [Staff] all caring ...they are very kind and considerate people."

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

- The registered manager encouraged people and their relatives to be involved in their or their family members care and support decisions. A person said, "(Staff) always tell me what they are doing and check that it is alright with me." A relative told us, "We were involved with [family members] care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained and promoted people's privacy and dignity. A person told us, "[Staff] treat me with respect."
- Staff promoted and encouraged people's life skills where the person wished to remain independent wherever possible. Support from staff meant that people could continue living in their own homes as they wished.

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

- Staff supported people with personalised care and support that met their needs.
- Staff understood people's individual needs and wishes on how they wanted to be supported.
- The registered manager involved people and their relatives in discussions that agreed their care and support needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- No one currently using the service required information in a different language or format to help aid with their understanding.

Improving care quality in response to complaints or concerns

- Complaints about the service were taken seriously and investigated and resolved where possible. Most people were happy to raise a complaint if needed. A person said, "I can't really give any examples of a complaint as we have never had to complain. The staff are easy to talk with and know what things I like and how I want things done."
- Complaints or concerns raised about the service were analysed for patterns or trends as part of the services governance system. Actions were taken to try to reduce the risk of recurrence.

End of life care and support

- The registered manager told us that nobody currently using the service was on end of life care.
- People's end of life wishes, for those people wishing to discuss these, would be documented to guide staff.

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

- Audits were carried out to monitor the quality of the service. However, improvements were not always identified by the registered manager's quality monitoring systems. Some communication logs that described the care and support given during each care call visit had entries that were scribbled out. Good practice when an error is made is to cross through neatly and initial to acknowledge the change made.
- Language used by staff in communication logs, on occasion could be unclear, undignified and not person-centred. Some risk assessments for catheter care support and hoisting were not detailed enough to guide staff fully. It was not always recorded what action staff had taken if a person they were supporting raised a concern, for example complained of pain. Again, these had not always been identified by audits. The registered manager submitted evidence of this after the inspection. It was too soon to see whether these improvements would be embedded.
- MARs were not always dated and 'as required' medicine protocols such as for pain relief, did not always guide staff on the gap required between each dose. The most recent MAR charts audit had not identified these as improvements needed.
- The care call visit times recorded in people's care records did not match the actual times staff carried out the care call visits. This meant that records held required more information to guide staff or required updating so they were current records.
- Analysis of the quality monitoring of the service provided was in places unclear. For example, it was unclear what staff had received competencies checks, how many complaints there had been and what care records were audited. We also found staff surveys, whilst in the main positive, did not action any areas requiring improvement. This meant that when this quality analysis was reviewed going forward, any patterns and trends would be harder to establish as the analysis record was in places unclear. The registered manager told us they would make the necessary improvements.

Whilst there was no evidence of risk of harm to people, quality monitoring systems were not robust enough to accurately monitor and identify areas found requiring improvement. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "[The registered manager] is professional and listen to concerns."

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

outcomes for people

- Staff supported and cared for people helping them to remain in their own homes, as was their wish to. Most people gave us positive feedback about the registered manager and staff. A relative told us, "Management do ring me often to check how things are going and they appear to be approachable and I know they are doing their best for [family member]." A person said, "[Registered manager] called after I had been having them for a week and checked that everything was going along as it should be. It's all going smoothly."
- Staff told us they felt supported by the registered manager and that communication was good. Staff understood what would be expected from them should an incident, accident or near miss occur. Staff told us how they would learn from incidents and that these would be discussed during supervisions and spot checks.

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;

- As the service had not yet been rated, there was no current requirement for them to display any ratings.
- We had to explain to the registered manager that it was their legal requirement to notify the CQC of all allegations of safeguarding within 24 -48 hours of them being aware of the allegation. Following the inspection, the registered manager, sent us a historic safeguarding notification about an incident we had discussed.

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

- Communication was in the main good. A person confirmed, "The manager is very approachable." A relative said, "On the whole they are easy to communicate with in the office." However, a person told us they did have difficulty getting hold of the office. We made the registered manager aware of this.
- People had mixed responses when we asked if they had completed a survey or asked for feedback on the quality of the service provided. A relative told us, "The manager rang me the other day to check how things are going along." A person said, "I have never been asked for any feedback on anything at all." Another person said, "I filled in a questionnaire, but nobody told me what I had to do with it." We informed the registered manager who said they would investigate this.
- Staff completed surveys to feedback on the service. The results were in the main positive, but it was unclear what actions had been taken for the couple of areas that required improvement.

Working in partnership with others

- The registered manager and staff team when needed would work with external health and social care professionals to help people receive joined up care and support.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Whilst there was no evidence of risk of harm to people, quality monitoring systems were not robust enough to accurately monitor and identify areas found requiring improvement.</p> |