

Mercia Homecare Limited

# Mercia Homecare Limited

## Inspection report

11a  
Abbey Road  
Malvern  
WR14 3ES

Tel: 03337721161  
Website: [www.merciahomecare.co.uk](http://www.merciahomecare.co.uk)

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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

Mercia Homecare Limited is a domiciliary care agency that provides personal care and support to people in their own homes. The service is registered to support younger adults and older people and people living with dementia.

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. At the time of our inspection 13 people using the service were receiving personal care.

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

The provider had processes in place to safeguard people from abuse. Staff had been trained on how to recognise and report abuse and knew how to protect people. They were confident any concerns raised with the management team would be listened to and acted on. People and their relatives told us they felt safe with staff in their homes, their calls never felt rushed, and they had always experienced a caring attitude from staff. Risks to people were assessed, monitored, and managed appropriately. Medicines were safely administered, or where appropriate people were prompted to take their medicines safely. Staff had been provided with training in the prevention and control of infection.

People's needs were assessed as part of their initial assessment. Care continued to be regularly reviewed to ensure care needs continued to be met. Where required, people were supported to eat and drink to maintain a nutritional diet and were encouraged to be as independent as possible.

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 told us they were involved in making choices and decisions about their care and support. Care plans were personalised and contained information for staff to follow. People knew how to make a complaint if they were unhappy with service.

The service was well-led. The provider and registered manager had developed a positive culture. Staff spoke positively about the management team and their values. The provider and registered manager had systems in place to oversee and assess the quality of the service and to ensure people received high quality care. People and relatives were provided with opportunities to feedback on the service they received. The registered manager understood their regulatory responsibilities.

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 was registered with us on 23 December 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.

#### Follow up

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?

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.

# Mercia Homecare Limited

## 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

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection 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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2023 and ended on 27 June 2023. We visited the location's office on 20 June 2023.

#### What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, 4 family members and 1 close friend about their experience of the care provided.

We spoke with 5 members of staff including the registered manager, the provider, who is also the nominated individual, senior care staff and care staff.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies, audits, and training records, were reviewed.

# 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 since registration of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People told us they felt safe with staff. One person said, "I feel very safe with them [staff] in my home." A relative told us, "Parents feel very safe with carers in their home."
- Staff had received training in safeguarding and understood how to recognise the signs of abuse and what actions to take to safeguard people from harm.
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. Staff told us action would be taken by the provider and registered manager on any concerns they reported to them.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment were assessed and managed to enable people to live in their own homes safely. These were regularly reviewed and, updated promptly if there were any changes to people's needs. Where appropriate, environmental risk assessments would benefit from additional information such as where utilities are located and any emergency contact details.
- Staff understood people's needs before they supported them. Staff were introduced to people and received an induction to ensure they had the skills knowledge, competence and confidence to support people.
- Care plans were in place and provided staff with the guidance they needed to enable them to support people safely and meet their needs.
- The service had a business continuity plan to ensure people's care continued to be delivered in the event of an emergency. For example, adverse weather.

Staffing and recruitment

- Staffing arrangements ensured people always received their care visits. People and relatives told us they never had a missed call. One person's friend said, "They [staff] stay the duration, are punctual and friendly. I've met most of the staff and they are all charming. [Person's name] feels 100% safe with them."
- Staff told us they had enough time during care visits to complete tasks.
- Systems were in place to arrange suitable cover for any staff sickness or absence. One staff member told us, "If someone is off sick or needs support we have a solution, every problem has a solution." Another member of staff said, "All staff pull together as a team and try to help out. If no one can the registered manager or provider, who also work hands on, will cover the calls."
- Safe recruitment practices were followed. The provider carried out checks prior to staff starting work. This included ID, references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service

(DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People who required support with their medicines received this by trained staff who had their competency assessed. Care plans recorded the level of support people needed with their medicines.
- Staff updated the medicine administration records (MAR) on the electronic system. If staff did not record they supported a person with their medicines as required this would alert the management team.
- The registered manager audited people's MAR to ensure they received their medicines as prescribed.

#### Preventing and controlling infection

- The provider had up to date infection prevention and control policies in place to provide guidance for staff.
- Staff were provided with appropriate supplies of personal protective equipment (PPE) and had completed infection prevention and control training.

#### Learning lessons when things go wrong

- Any accidents and incidents were recorded, and any necessary action taken. These were reviewed to ensure emerging themes and trends had been identified. This meant they could learn lessons and prevent further occurrence. Any learning was shared with the staff team.



# 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 since registration of this 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 needs were assessed before receiving a service. The registered manager told us they only accept people if they know they can meet their needs and have the staffing capacity to provide the support and time they may require.
- People's needs were regularly reviewed to ensure support provided by staff was relevant and up to date.

Staff support: induction, training, skills and experience

- People and relatives told us staff supported them safely. One person said, "They [staff] all know what they can and cannot do and follow the care plan."
- Staff told us they were supported in their roles and were provided with the relevant training to enable them to care for people effectively. This included moving and handling, medicines, food safety and fire awareness.
- All new staff completed an induction. This included shadowing more experienced staff for a minimum of 2 weeks to enable them to learn and develop the standards and skills required to support people and feel comfortable and confident before being signed off to complete care calls independently.
- Staff were supported to complete the Care Certificate if they were new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported by staff with eating and drinking if this was required as part of their assessed needs.
- People's dietary likes, dislikes and special requirements were recorded within their care plans.

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

- The staff team worked with healthcare professionals to ensure people's needs were met. Staff monitored people and worked closely with their relatives to identify any changes in their health.
- Where appropriate staff supported people to access healthcare services. For example, dentist and optician appointments.

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.

- The registered manager understood the MCA, its requirements, and their responsibilities.
- Staff involved people in decisions about their care, and appropriate consent was obtained and recorded.

# 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 since registration of this 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 were cared for by staff that treated them with dignity, kindness and respect.
- Where people chose to care plans contained an 'About me' section. This included their background, equality and diversity characteristics and what was important to them.
- People and their relatives spoke highly of the staff and the care and support people received. One person told us, "The team [staff] are excellent. They [provider and registered manager] are excellent at recruiting. The team are lovely." Another person said, "They [staff] know what they are doing, I cannot fault them."
- The provider and registered manager were committed to providing person centred care.

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

- People and their relatives and those important to them were able to provide feedback about the service through regular conversations, reviews and surveys. People spoken with were positive about the care and support provided.
- People told us they were involved in decisions about their care and could email the provider and registered manager directly from the electronic app. Where appropriate, a nominated person could also access their care plan on the electronic app. For example, their family member.

Respecting and promoting people's privacy, dignity and independence

- The management team undertook spot checks on staff. These checks ensured staff were treating people with dignity and supporting people with their independence.
- People were supported to maintain as much independence as possible. Staff knew people well and what they were able to do and what areas they required support with.

## Is the service responsive?

### Our findings

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

- Care plans were personalised and contained information for staff about how people wanted activities to be carried out. For example, personal care and medication administration support.
- A relative told us the provider and registered manager are responsive and said, "They've flexed care, they are patient, [family members] can be challenging, all in all delighted."
- Staff knew the people they visited and had a good knowledge of their individual needs and preferences.

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.

- The registered manager was aware of this requirement. They told us they would provide documentation in different formats if and when required. For example, pictorial aids.
- People's communication needs had been assessed as part of the initial assessment process and was reflected in care plans.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure complaints, both formal and informal were dealt with appropriately.
- There was a complaints policy and procedure in place. This had been provided to people and relatives, so they knew how to make a complaint. People and their relatives told us they had no complaints.
- There had been no formal complaints in the last 12 months.

End of life care and support

- At the time of our visit there was no one receiving end of life care.

# 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 since registration of this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Mercia Homecare Limited was led by a highly motivated and passionate management team. The management team led by example and were committed to providing good quality and person-centred care.
- There was a positive culture between staff who were happy in their roles. One staff member spoke passionately about people they supported and told us, "They are good for my soul too, we bounce off each other and have great relationships. I feel proud to be part of the team." Another staff member provided examples of the management team stepping in to help and told us they had never experienced a manager stepping in to help before and said, "It's all brilliant, I only have positive things to say."
- People and relatives were complimentary about the team and the quality of care and support they received. One person told us, "It's not an easy job, they cope and manage well and do care. I would recommend and have recommended them." Another person said, "Everything is absolutely fabulous. So fortunate to have Mercia Homecare. There isn't one staff member I cannot get on with, all so kind and caring. So pleased with the carers its tremendous."
- A relative told us, "They [staff] are absolutely incredible people. They took over [family member's] care, [family member] completely transformed, person centred, [family member] looks forward to seeing them." A person's friend told us, "Mercia Homecare staff cheer [person's name] up, [person's name] mood used to be up and down, they [staff] have improved their mood, [person's name] significantly more positive, smiling and chatting. They [staff] have made a difference. They're fantastic."

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

- The registered manager understood the importance of being open and honest with people when something had gone wrong.
- The registered manager understood their responsibility to notify the local authority and the Care Quality Commission (CQC) of certain events which affected the safety of people and running of their service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had effective quality assurance systems in place. Regular audits took place which included care plan and risk assessment reviews, daily care notes, handovers, incidents and accidents and safeguarding concerns. This meant any issues and areas for improvement were promptly identified and necessary action taken.

- Staff told us they felt happy and supported in their role. One staff member said, "[Provider and registered manager] were so supportive, professional, empathetic, understanding, and proactive. I'm more than happy, wonderful team." Another staff member told us, "Love it (the job) for me it's such a shame taken so long to find, wish found years ago."
- Staff told us they were able to express any concerns and the management team kept them updated around any changes to people's care.
- The registered manager and nominated individual also provided support to people. This allowed them to establish and maintain open and transparent communication with people and their relatives.

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

- The provider and registered manager gained the views of people using the service, relatives and people important to them. The management team welcomed feedback.
- Staff received supervisions and told us they were able to contact the management team at any time to provide feedback regarding the service.
- Staff were positive about morale and communication within the team. One staff member said, "We [staff] are all happy-reverberates through each of us." Another staff member told us, "Hand on heart, they [provider and registered manager] are fantastic they really are. Without doubt I would recommend, relationships between client, staff and office is great, great communication."

Working in partnership with others

- The service worked with other professionals and agencies to ensure effective care and outcomes for people. For example, making referrals to occupational therapists for equipment advice to ensure people can remain independent around their homes and district nurses for pressure area needs.