

Mercylink Care Services Ltd

Head Office

Inspection report

Jhumat House
160 London Road
Barking
Essex
IG11 8BB

Tel: 07984782116

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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

Head Office, Mercylink Care Services Ltd is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults and children in their own homes. 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 the inspection, the service was supporting 7 people with personal care.

People's experience of using this service

At our previous focused inspection of this service on 3 August 2020, we found concerns with training, risk assessments, pre-employment checks and good governance. We completed a targeted inspection on 22 November 2020 to check on good governance and training and to follow up on warning notices we served in relation to these and found improvements had been made. At this inspection, we found further improvements had been made.

Risks were identified and assessed to ensure people received safe care. Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to undertake their roles effectively. People were supported to have maximum choice and control of their lives. 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 received care from staff who were caring and had a good relationship with them. People's privacy and dignity was respected. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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

Rating at last inspection

The previous rating for this service was Requires Improvement (published 18 September 2020) and there were multiple breaches of regulation. We issued warning notices for a breach of Regulation 17 (Good Governance) and Regulation 18 (Staffing). There were also requirement notices issued for Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook this comprehensive inspection to check if there were improvements regarding the concerns we identified at the last focused inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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.

Head Office

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 carried out by one 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 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 72 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 19 June 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included their last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the provider, registered manager and quality assurance manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 5 staff files, which included pre-employment checks and 5 care plans which included peoples support needs. We looked at other documents such as quality assurance and training records.

We also spoke with 3 relatives of people who used the service and 3 staff members.

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 comprehensive inspection, this key question was rated Requires Improvement. At this inspection, this key question has changed to Good. This meant people were safe from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last focused inspection, risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We found risks assessments relating to people's health and care needs were robust. They contained detailed information about specific risks to people for staff to be aware of. These included risks related to people's health conditions, such as epilepsy and diabetes. For example, if people were diabetic, risk assessments contained information on the signs and symptoms of high or low blood sugar levels and the action staff should take to mitigate these risks. A staff member told us, "Care plans and risk assessments are very helpful and accurate. They make you understand it."
- Risk assessments had also been completed for people at risk of falls and skin complications, which included measures to minimise the risk. A relative told us, "There has been lot of improvement with [person's] interaction since being cared for by carers."

Staffing and recruitment

At our last inspection, robust pre-employment checks were not in place to check staff were of good character and suitable to work with vulnerable people. This placed people at risk of harm and was a breach of regulation 19 (Fit & proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks included criminal record checks, health declarations, references and obtaining proof of staff identity and the right to work in the UK. References had been requested and completed with two professional references and a character reference. Criminal record check had been made to ensure staff were suitable to work with vulnerable adults and children.
- Systems were in place to minimise risks of late or missed calls.
- The service used a digital monitoring system to check if staff attended calls on time and ensure greater

oversight of staff timekeeping. We checked the call logs for recent visits and found staff had generally attended calls on time. A relative told us, "They always come on time, we do not have problem with timing."

- Rotas were sent in advance so staff could plan their journey and bank staff were available should staff not be able to attend calls in case of an emergency. A staff member told us, "I can go to visits on time. I am given my rota in advance and get enough time to travel."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "We have had consistency with carers with this agency. That has really helped [person]. [Person] looks forward to seeing carers."

- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding adults and children and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Using medicines safely

- Medicines were being managed safely.

- At our last inspection, we found prescribed creams were not being recorded on Topical Medicine Administration Charts (TMAR) to evidence creams had been applied as prescribed. During this inspection, we found TMARs were in place and showed creams were being applied as prescribed.

- Medicine Administration Charts (MARs) showed that medicines were being administered as prescribed. A relative told us, "Medication wise, they do it very well."

- Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on, along with risks associated with the medicine.

- Medicine competency assessment had been completed to ensure staff were competent with medicines.

Learning lessons when things go wrong

At our last inspection, we made a recommendation to follow best practice guidance on incident management and learning from lessons.

- There was a system in place to learn from lessons following incidents.

- We were told there had been no incidents or accidents since our last inspection. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The provider told us if there were accidents or incidents, they would ensure they were analysed to learn from them.

- We saw as part of quality assurance audits, incidents and accidents were checked. The quality assurance manager told us this was checked monthly to ensure analysis was carried out should there be accidents and incidents so lessons can be learnt to minimise the risk of reoccurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.

- Staff confirmed they had access to Personal Protective Equipment's (PPE) such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I am given PPE like gloves, masks and apron. I wear that to care visits." A relative told us, "They always wear mask and wear PPE."

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 Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: training, skills and experience

At our last focused inspection, the provider had failed to ensure that staff had been trained to undertake their roles effectively as we found that training certificates for some staff were not genuine. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we served a warning notice to ensure action was taken and improvements were made and set a timescale for compliance. We completed a targeted inspection and found improvements had been made. During this inspection, we found improvement had been sustained.

- Staff had completed mandatory training and refresher courses such as moving and handling, safeguarding and first aid to undertake their roles effectively. Accredited training providers had been sourced to provide training to staff. The registered manager had a training matrix, which provided oversight on staff completion of training and when training was next due. A staff member told us, "Induction was very helpful. I did training like the care certificate, which trained me on what carers should do and know." A relative told us, "Staff are well trained and know [person] well."
- Staff completed the Care Certificate, which is standards required to perform care roles effectively. Staff had also received specific training on medical conditions such as learning disabilities, epilepsy and diabetes.
- Regular supervisions had been carried out to ensure staff were supported. Supervisions discussed performance and development.
- Staff told us they felt supported. A staff member told us, "I am always supported in my role. [Registered manager] is a good manager."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions, to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Nutritional care plans were in place, which included the support people required with meals.
- People's preferences had been recorded with meals and nutritional care plans included the times people

preferred to have their meals. A relative told us, "[Person] is dependent on meals, the carers are good with [person] on this. They are very good with [person] and [person's] routine."

- Staff told us they were aware of people's preferences with meals but would always ask people what they would like to have, so they were given choices. A staff member told us, "I always give people choices. Usually, I ask what people would like to have and eat."

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

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take.

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.

- Systems were in place to obtain consent from people to provide care and support.
- Consent forms had been completed to ensure people consented to receive care and support from the service.
- The registered manager and staff were aware of the principles of the MCA and told us that they would always request people's consent before doing any tasks. A staff member commented, "I always ask for consent like if they would like to have a wash and what they would like me to do for them."

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 comprehensive inspection, this key question was rated Good. At this inspection this key question has 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; equality and diversity

- People were treated with kindness and respect. A relative commented, "They are friendly and caring. The bit I like about the care they provide, they always know how [person] is, if [person] is happy or sad."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans were person centred and evidenced that people were involved with the decisions made about their care. Care plans also included that people should be given choices when being supported. A staff member told us, "I involve people in decisions like with dressing, I will show them their clothes so they can make choices."
- The provider told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A relative commented, "They always involve us in decision making, we make the final decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The registered manager told us that when providing support with personal care it was done in private. A staff member told us, "I always make sure people's privacy is not intruded and ask their consent before doing anything. When supporting people with personal care, I make sure windows and doors are shut so no one can come in." A relative commented, "They respect persons privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People were encouraged to be independent. Care plans included information on how people could be supported to be independent such as supporting people with personal care or mobilising.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated Good. At this inspection this key question has remained 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 support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in a number of areas such as personal care, medicines and when out in the community. Care plans also included what people could do themselves and the areas they needed support with. A relative told us, "The support from the agency has helped with [person's] confidence. [Person] is not so restless anymore."
- Care plans also included people's background and relationships, so staff could meet their needs and knew who were important to them. A relative commented, "Carer engages really well. They understand [person's] needs very well."
- Staff told us they found the care plans helpful. One staff told us, "Care plans are very helpful, it helps me do my role."

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 can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. A relative commented, "They communicate very well with [person] and know the signs if [person] is not well or wants to go to the toilet."
- Materials such as photos were available to communicate with people that may find it difficult to communicate verbally.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the provider that no complaints had been received since the service registered with the CQC.
- The provider told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection, the service did not support people with end-of-life care. An end-of-life policy was in place and staff had been trained on end of life care. The provider told us this was in place to ensure

the service was ready to support people with end of life care if needed.

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 Inadequate. At this inspection this key question has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last focused inspection the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we served a warning notice to ensure action was taken and improvements were made and set a timescale for compliance. We completed a targeted inspection and found improvements had been made. During this inspection, we found improvement had been sustained.

- After our last focused inspection, an action plan was put in place to ensure improvements were made. Improvements had been made with risk assessments, pre-employment check and staff training.
- The management team introduced systems to ensure staff were compliant with training and received relevant training to perform their roles effectively. Staff told us they were supported well by the management team. One staff member said, "I like working here. [Registered manager] is a good manager."
- The management team carried out a number of audits and monitoring checks to ensure the quality and safety of the service was being improved and maintained. These included audits on medicines, communication logs, staff files, call logs and care plans. A monthly quality assurance audit was completed that covered the running of the service to ensure the service was running safely.
- Spot checks were being carried out regularly to ensure staff were competent in their roles and were providing personalised and safe care. The outcome of the spot checks were shared with staff.
- There was a system for continuous learning and improving the service. Feedback was sought from people, and staff to make improvements to the service.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the registered manager to perform in their roles.
- Relatives we spoke with were positive about the service. A relative told us, "It has been going very well." Another relative commented, "The managers are quiet good, I have no concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings had been held with staff members to share information. The meetings kept staff updated

with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.

- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The provider told us they obtained feedback from people through surveys. The results of the surveys were positive.

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and to be open and transparent with people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.