

Meridian Community Care Limited

Canterbury

Inspection report

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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:

Meridian Community Care Canterbury is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection the agency was supporting 90 people, only 69 were receiving personal care. CQC only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using this service:

- People told us they felt safe and supported by staff in the way they preferred. They told us staff were very kind and knew how to keep them safe.
- Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate the risks.
- People had been able to plan their visits with staff and how they wanted their care provided. Care plans were reviewed regularly and people signed to agree their support. Checks and audits were completed to make sure people received a high standard of support, when shortfalls had been found, action had been taken to rectify the shortfall.
- People told us they received their medicines when they needed them, staff liaised with the GP and pharmacy to make sure people had the medicines they needed.
- People's needs were assessed before they started using the service to make sure staff could meet their needs.
- People told us that they received their calls from regular staff who were on time and their calls had not been missed.
- People were supported by staff who had been recruited safely and received training and supervision to keep people as safe as possible.
- When people needed support to prepare their meals, staff made sure they had a balanced diet, and supported people to access health care professionals when needed.
- People were supported to be as independent as possible and lead a healthy lifestyle. People were supported to make choices and express their views about their care and daily life. Staff supported people to access the community and attend the activities they wanted.
- People told us they received support from the management and office teams when they needed it, they could phone whenever they needed and there was always someone to help.
- People told us they knew how to complain and when they had the concern had been resolved.
- The service worked with other agencies to provide joined up care including district nurses when people were at the end of their lives.
- People, staff and professionals were asked their opinions about the service. The results were analysed and an action plan put in place to address any issues raised.

Rating at last inspection:

Good (report published 21 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas. The rating continues to be Good.

Follow up:

We will continue to monitor the service.

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

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 safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Canterbury

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Meridian Community Care (Canterbury) is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to adults who require personal care and or social support.

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 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 March 2019 and ended on 22 March 2019. We visited the office location on 13 and 14 March to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the

service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

- Notifications we received from the service
- Completed surveys from people who used the service
- Three people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with five people who use the service
- We spoke with the provider, registered manager, client liaison officer, administrator, care co-ordinator and three care staff
- We observed staff spending time with people and interactions with them on the telephone

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. Staff were confident that the registered manager would act appropriately.
- The registered manager kept a file of safeguarding concerns that had been raised with the local authority and the outcome.

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to follow to reduce the risk.
- All aspects of people's support were assessed including their environment. Care plans contained risk assessments for getting into people's property's.
- When people required equipment to help them move around their home, staff had detailed guidance about how to use the equipment to keep people safe. For example, there were instructions on the different position of the sling loops when people moved from bed to chair and between chairs. Care plans included diagrams about how to position the sling in a certain way to support a person with specific mobility needs. One person told us, "I feel very safe in the hoist, staff know how to use the hoist."
- When people were prescribed medicines to thin their blood, there was guidance in place for staff about the signs and symptoms that could be present while taking the medicine such as bruising.

Staffing and recruitment:

- There were sufficient staff to meet people's needs. Sickness and annual leave were covered by permanent staff whose job was to cover. Staff told us this worked well and information about people's care was given to staff and visits arranged if needed, to meet people before new staff visited.
- People told us that staff were usually on time, depending on the traffic. An audit showed that there had been no missed calls, this was confirmed by the people we spoke to.
- Staff were given protected travel time between visits, this was longer when people lived in rural areas.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and full employment.

Using medicines safely:

- Staff were trained to administer medicines and their competency was checked regularly.
- Medicine charts we reviewed had been completed accurately. Staff completed a running total of tablets available and these were correct, confirming that people had received their medicines as prescribed.
- Staff put their training into practice. For example, one person had been prescribed half a tablet, staff knew it was not best practice to cut the tablets in half themselves. Staff took the tablets to the pharmacy for them

to cut the tablets.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed to identify any patterns and trends.
- Action was taken to reduce the risk of them happening again. We reviewed the records and incidents had not reoccurred.

Preventing and controlling infection:

- Staff received training in the prevention of infection.
- Staff told us they had access to equipment such as gloves and aprons.

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.

Good: 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 met with the client liaison officer for an assessment of their needs before starting to use the service. This ensured that the service would be able to meet their needs.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were not recorded on the assessment form. The client liaison officer told us they discussed people's preferences but this was not recorded on the assessment form.
- The service was supporting people with protected characteristics and the support given to them was recorded in their care plans such as providing information about local groups.
- During the inspection, the registered manager changed the assessment form to include people's protected characteristics.

Staff support: induction, training, skills and experience:

- Staff received mandatory training and regular updates. There was a training matrix in place so that when staff required a training update, this was actioned.
- The provider had completed 'train the trainer' training and facilitated all staff training. They told us how this meant that they could tailor the training to the needs of staff and as a registered nurse could provide additional training about health conditions if needed.
- New staff completed an induction, this included shadow shifts, with experienced staff to learn about people's choices and preferences.
- Staff received regular supervision, including spot checks and competency checks. When issues were found, these were dealt with immediately including retraining and if required, disciplinary action.
- Staff told us they felt supported by all the staff in the office. They told us that the on-call system worked well and any questions they had were answered.

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

- Staff supported people to eat and drink when requested. Some people required staff to prepare simple meals or heat up already prepared meals.
- Staff told us how they encouraged people to eat their meals and offered them different choices.
- When people were at risk of not eating and drinking enough, staff recorded how much people had eaten and drunk.
- Staff left drinks and snacks with people to enjoy between visits.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support:

- Staff monitored people's physical health and contacted relevant health and social care professionals when people requested.
- Staff contacted health professionals such as chiropodists when people asked.
- Staff worked alongside district nurses to support people to be as healthy as possible and follow the guidance given.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- Staff supported people to make their own decisions where possible, when required best interest meetings were held. For example, someone living with dementia, wanted to administer their own medicines. A meeting was held with the GP, relatives and staff to establish a strategy to keep the person safe but to give them some autonomy.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well and staff were kind to them. We observed a friendly and relaxed relationship between staff and the people we met. One person told us, "The staff are so kind, I was surprised at how kind they are."
- Staff knew people's choices and preferences, people told us that staff supported them in the way they wanted.
- Staff described how they supported different people and why it was important to know what they preferred. Staff told us they enjoyed getting to know people and being part of their lives.
- At Christmas, the service held a party at their office and supported people who wanted to attend to travel to the office. People told us they enjoyed meeting other people.

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

- Staff supported people to contact health professionals when needed and would help them to express their views if needed.
- Staff discussed with people what care they wanted and this was agreed with them.
- When one person expressed that they would like their bungalow redecorated, the management team liaised with the housing association. The person told us how pleased they were with the bungalow and the decoration.

Respecting and promoting people's privacy, dignity and independence:

- People told us and we observed staff knocking on people's doors and waiting to be asked into their homes. One person told us, "They always knock on my door and wait for me to answer."
- People were supported to be as independent as possible with their personal care and mobility.
- People told us staff maintained their dignity when giving care. One person told us, "They close the curtains and the door when they support me."
- When one person's mobility needs changed and they did not have any family or friends to act on their behalf, staff liaised with their solicitor to have a ramp fitted. This enabled the person to go out into the community and take part in events.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Each person had a care plan. People had been involved in developing the plans and signed to confirm they agreed with the plan.
- The care plans contained details about people's choices and preferences.
- Each plan had a detailed visit plan, this gave staff step by step guidance how to complete the call. The information included how the person like to be greeted, how to complete their personal care and how to leave the person safe and comfortable until the next visit.
- All aspects of people's support were included, for example staff had instructions on how to look after a person's bird. They told us this was important to them as they were unable to do this themselves.
- Staff followed the care plan, one person's care plan gave instructions on how the person liked to be positioned in their chair. We observed the person sitting in the way they preferred.
- The client liaison officer met with people every six months or sooner if needed to discuss their care and support.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy, people received a copy when they started using the service. When people needed the policy in a different format such as large print this was available.
- People told us they knew how to complain, they would ring the office to complain and were confident their complaint would be dealt with quickly.
- All complaints received were taken seriously. They were recorded, investigated and resolved to the complainant's satisfaction.
- Records showed that there had not been any repeat complaints.

End of life care and support:

- When people required end of life care, the client liaison officer, met with people to assess if staff could meet their needs.
- Staff worked with the GP and district nurses to provide end of life care.
- Relatives had written to the service to thank staff for supporting their relatives at the end of their lives.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture within the service. Staff were comfortable to visit the office, there was a relaxed atmosphere and relationship between the staff, the registered manager and provider.
- The provider continued to hold an open surgery once a month. During the surgery the provider was available to speak with staff privately. The provider told us that no staff had attended in the past year.
- During the inspection people and staff rang the office for advice and to let them know any changes.
- The provider had introduced an award for carer of the month, to recognise staff who had gone above and beyond their role to support people. The provider told us, they wanted staff to feel valued for the work they did.

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

- The provider had a range of policies and procedures available to staff. We reviewed the Equality and Diversity policy, the policy only covered staff but not people. Following the inspection, the registered manager sent us updated policies that included people using the service.
- Checks and audits on the quality of the service had been completed. When shortfalls had been identified, action had been taken to rectify the issues.
- The management team completed 'spot checks' on staff to check the quality of the service provided. Other areas of the service were checked including medicines, recruitment and call timings.

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

- Staff attended regular staff meetings. The meetings covered all aspects of the service and staff roles. Staff had the opportunity to make suggestions about the service. For example, staff asked about wearing their tunics in the very hot weather. The registered manager issued new guidance about staff wearing tunics and when they could wear other appropriate clothing.
- People, health professionals and staff completed quality assurance surveys.
- When negative comments were made by people, these were followed up with staff. The registered manager completed spot checks, to check the quality of the service and address any concerns.

Continuous learning and improving care; Working in partnership with others:

- The registered manager had kept up to date with changes in best practice by receiving information from national organisations such as Skills for Care.

- The service worked closely with other agencies including the local authorities to ensure people received the care they needed.
- Feedback from social care professionals included, 'The manager and staff are friendly, provide excellent care and keep me fully informed of all that is happening, discussing any needs required by my client.'