

Meridian Community Care Limited

Canterbury

Inspection report

Unit 88, Thomas Way
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Ratings

Overall rating for this service	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

Meridian Care Canterbury is a domiciliary care service that provides support and personal care to people in their own homes. The service provides personal care to 96 people living in and around the Canterbury area, some people are living with dementia and mental health needs. The office is situated in an industrial estate in Hersden near Canterbury.

Rating at last inspection

At the last inspection, the service was rated good overall and requires improvement in the 'well led' domain.

Why we inspected

We carried out an announced comprehensive inspection of this service on 23 August 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17 of the Health and Social Act Regulated Activities Regulations 2014, Good Governance. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meridian Care Canterbury on our website at www.cqc.org.uk

At this inspection we found the service had improved. We found the service remained good and is now rated good in the 'well led' domain.

Why the service is rated Good in the Well Led domain

People and staff told us they thought the service was well led. Staff told us that they were supported by the provider and registered manager and that there was an open and inclusive culture. Staff were encouraged to talk to the provider and registered manager about any problems or concerns. The provider held a 'surgery' once a month for staff to 'drop in' and discuss anything.

The provider had systems in place to monitor the quality of the service. There were records to show that identified shortfalls had been addressed and improvements made. The provider asked people, staff and relatives their opinion about the service and what improvements could be made. The provider had requested and included views from other stakeholders, like GP's and community specialists and their feedback was included.

Staff understood the aims and objectives of the service which were to provide personalised care to people in their own home and to promote people's independence. Staff and people were part of the continuous improvement.

The registered manager was aware of submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well- led.

People and staff told us the service was well led.

The registered manager encouraged continual feedback and suggestions to improve the service.

The registered manager and the provider undertook regular audits to ensure that high quality care was being delivered.

The registered manager had surveyed people, staff, relatives and other stakeholders to gain feedback and the results were analysed to identify improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection at Meridian Care Canterbury on 21 February 2017. The provider was given notice to ensure that someone would be available in the office to support our inspection. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 23 August 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service Well-led? This is because the service was previously not meeting some legal requirements. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We spoke with two people, a member of staff, the registered manager and the provider. We looked at audits and checks carried out by the registered manager and the provider. We looked at how the service sought views of people, relatives, staff and other stakeholders.

We last inspected this service in August 2016 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection the breach had been met and no further breaches were identified.

Is the service well-led?

Our findings

People and staff told us that the service was well led. Staff said, "I can speak to the registered manager at any time about anything I am worried about."

At the last inspection in August 2016 there were no audit systems in place to monitor the quality of care and support. There were no documents to evidence that the provider had completed audits of the call times to ensure people were receiving the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care. Care plans, accidents and incidents and staff files were not being audited. At this inspection improvements had been made and the breach of regulation found at the last inspection had been met.

The registered manager and the provider completed audits of the call times and the actual care delivered. Any shortfalls identified had been addressed and improvements had been made in the recording of the information. The registered manager was able to identify if call times had not been met, investigate the reason why and meet with the staff involved.

There were systems in place to audit care plans, accidents and incidents and staff files. Any shortfalls identified had been addressed. At the previous inspection the staff files did not contain proof that staff using a car had the necessary documentation such as a valid MOT and insurance. The registered manager had completed an audit and the documentation was now in place and a system devised to request updated documents from staff when required.

People and their relatives, staff and other stakeholders were asked for their feedback about the agency. Feedback had been read and considered. The provider had acted to address any issues that were raised. One person told us, "The staff are usually here on time and if they are going to be late because of traffic they let me know. I am very happy with the care."

The management team included the registered manager and the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was an open and inclusive culture with the emphasis on the people that they supported. People we spoke with knew the registered manager by name and what their role was. The providers were present in the office most days and had oversight of the agency. The provider held a 'surgery' on the last Friday of the month if staff wanted to discuss issues privately. Staff were preparing for their yearly appraisal to discuss their learning and development needs. The registered manager met with staff on a regular basis but this had not always been recorded. This was an area for improvement.

Staff meetings were held quarterly. The meetings were held twice, on the same day, so that all staff were able to attend. The meetings discussed the values and philosophy of the agency and how staff could

promote these when supporting people. Staff were encouraged to bring their own thoughts and suggestions to the meetings. These were considered and implemented where possible. The management and office staff held quarterly meetings to discuss any concerns or problems within the agency and formulate action plans.

Staff said that they felt supported by the registered manager and provider. There was an on call system for evenings and weekends, for staff to contact a senior person on call if they required support. Records showed that this worked well and staff had been able to reach the person on call and when required the person on call had attended people's homes during emergencies to support staff.

Staff had access to a range of policies and procedures to enable them to carry out their role safely. The policies were updated by the management team and reflected current guidance and regulations.

The registered manager was aware of when notifications had to be sent to CQC. Notifications are information we receive from the service when a significant event happens, like a death or serious injury. The registered manager had sent us notifications when required and understood their legal obligations.