

Meridian Community Care Limited

Dover

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 Dover 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 15 people, only 10 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.

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

People's experience of using this service:

People were supported by caring and compassionate staff who knew them well. People were involved in planning their care, initially through a comprehensive assessment which was followed by regular reviews. Staff build positive relationships with people and their loved ones. Loved ones told us that staff ensured they were well too and provided a support for them.

People's care plans gave staff clear guidance about how to meet their needs in the way they preferred. This included information about the support people required with eating and drinking. Staff supported people to stay well and contacted health professionals when required. There were enough staff to meet people's needs and they had the training and support required to carry out their roles. People were supported to maintain or regain their independence. Staff were flexible and took on additional tasks for people, such as changing light bulbs or collecting prescriptions.

There was a complaints procedure in place, no complaints had been received since the last inspection. There was a clear vision and set of values at the service which focussed on people getting high quality care the way they wanted it. People, relatives and staff told us they could always contact the office and get help or support when they needed it. The registered manager stayed up to date with changes in practice and legislation by accessing relevant websites. Regular audits were completed, and feedback was sought from people and professionals. Any shortfalls were used for learning and shared with staff.

Rating at last inspection: Good (Published November 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.

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 remained safe.	Good ●
Is the service effective? The service remained effective	Good ●
Is the service caring? The service remained caring	Good ●
Is the service responsive? The service remained responsive	Good ●
Is the service well-led? The service remained well-led	Good ●

Dover

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 team consisted of one inspector.

Service and service type:

Meridian Community Care (Dover) 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 15 May 2019 and ended on 16 May 2019. We visited the office location on 15 May 2019 to see the manager and office staff; and to review care records and policies and procedures. On the 16 May we spoke to staff members by phone.

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 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 and audits and quality assurance reports. We looked at two people's care records and associated risk assessments. We visited two people who use the service and one relative in their homes. We spoke with the registered manager, office manager, 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

- People were supported by staff who had received annual safeguarding training and who understood their responsibilities in relation to keeping people safe.
- Staff could tell us about the different types of abuse they may see and what action they would take. One staff member told us, "I have reported concerns before and they are always taken seriously."
- The registered manager and office staff had shared concerns with the relevant agencies in a timely fashion.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and guidance was in place for staff.
- People's risk assessments related to moving them safely, managing specific health conditions and their home environment.
- People told us they felt safe when staff helped them to move. One person said, "I never have to worry they always reassure me."
- Staff understood the risks to people and could call the office at any time if they were concerned.
- Risk assessments were reviewed with people on a regular basis.

Staffing and recruitment

- No new staff had been recruited since our last inspection.
- There were enough staff to meet people's care needs. In the event of staff sickness or holiday calls were covered by office staff, other staff or floating staff from the Canterbury branch. As a result, people were always supported by staff they knew.
- New care packages were not taken on unless there were staff in place to complete the calls.

Using medicines safely

- People's medicines were managed safely by staff who were trained and assessed as competent.
- Medicines administration records (MARs) were completed fully and reviewed by the office.
- When people had pain relief patches which needed to be placed on different parts of the body, staff recorded where the patch had been placed to avoid duplication.
- When people had medicines prescribed at short notice, such as antibiotics, staff went out of their way to collect them and ensure people got their medicines quickly.

Preventing and controlling infection

- Staff had access to equipment such as gloves and aprons. They understood the need for infection control measures.

- One relative told us, "My loved one has had far less infections since they came home than in hospital. The staff always use gloves and they have left a box here in case we need more."

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning.
- Daily care records and MARs were checked by the registered manager and office staff. Any shortfalls were addressed and staff reminded of expectations.

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's needs were assessed using a comprehensive assessment tool which recorded both their needs and preferences prior to receiving support.
- When the provider's Canterbury branch was inspected it was found that protected characteristics under the Equalities Act (2010) such as people's sexuality had not been recorded. This information had now been added to the assessment form.

Staff support: induction, training, skills and experience

- People and their loved ones told us that staff were well trained and knew what they were doing.
- One relative said, "They are always on training courses, in fact they arranged a special training course so my loved one could come out of hospital after 14 weeks of trying to find carers who could help. They made sure six staff attend so there was always someone available."
- Staff told us there was a rolling schedule of training which helped them to do their job well.
- New staff completed training and worked alongside experienced staff.
- Staff had regular supervisions and annual appraisals to discuss their development and progress.

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

- Staff supported people to have food and drink to stay well.
- When we visited people, staff ensured they had drinks and snacks to hand before leaving.
- When people were supported to eat, there were clear guidelines for staff about how to do this safely. Relatives told us staff always followed this guidance and as a result their loved one was eating well.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had regular communication with the office staff, this included raising any issues or asking for advice about people's support. The office staff knew people well so could answer staff's questions.
 - Staff maintained regular contact with people's loved ones and other professionals involved in their care to ensure that support was consistent and met people's changing needs.

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

- Staff encouraged people to follow guidance from health professionals in order to stay well.
- One person's loved one had contacted the office staff as they were very upset and concerned about a medical decision they had been asked to make for their loved one. Staff picked up the relative and went to the hospital with them. They met with doctors and discussed the options with the relative. The relative told us this had made a big difference to them as they did not feel alone.

- People's health needs were recorded in their care plans along with guidance about when to contact professionals.

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.
- People were supported and encouraged to make their own choices as much as possible. Staff spent time explaining decisions and ensuring people understood. When people did not have the capacity to make decisions best interest meetings were held.

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 supported by staff who were caring and compassionate.
- Staff told us as they had regular people they supported, they were able to build relationships with people and their loved ones.
- One relative told us, "They don't just care for my loved one they care for me too. They help with forms and simple things like changing a light bulb. They make as much difference to me as they do my loved one."
- Staff knew people well and discussed common interests. One member of staff was chatting to a person about their shared love of knitting. The person enjoyed sharing what they were knitting now and hearing about the staff members progress.
- People were supported to attend a Christmas party arranged by the provider, which they said they enjoyed.

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

- People were regularly asked about their care and their preferences.
- People told us they were included in planning their care and could change things at any point.
- One person said, "They go above and beyond if I need extra help with something they never say no."
- People told us they regularly spoke to their carers about how things were going and if any changes were needed.
- Carers and office staff would advocate for people in order to resolve issues. For example, one person's prescription had not been received by the pharmacist. Staff contacted a family member and planned who they could talk to, in order to resolve the issue.

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed how people's privacy and dignity should be respected.
- People were supported to maintain or regain independence. One person had come out of hospital needing to be moved using a hoist. Staff worked with them and other professionals and now the person could move around their home using a walker. The person said this had made a big difference to them and that they felt they had more dignity as they could use the bathroom independently now.
- Staff knew how each person liked them to enter their home and respected this. For example, some people preferred staff to knock and wait whilst others like staff to use a key.
- Staff took time to explain to people how they could use technology to help them. For example, one person was supported to set up to order repeat prescriptions on line, saving them a journey to the GP surgery.

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

- When the service began supporting a new person, after assessment the first week of support was completed by the office staff so that they could use what they learned to add detail to the care plan.
- People had a care plan which detailed their needs and preferences. Guidance was in place for staff supporting people to get consistent care in the way they wanted it.
- Care plans were reviewed at least six monthly or sooner if required.
- People were supported to maintain their hobbies and interests. Some people had pets and staff helped to care for them when people were no longer able to do this themselves.
- Staff followed people's care plans, one relative told us, "They all know exactly what my loved one needs and how they like it done. It doesn't matter who comes we get the same standard of care."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was given to people when they began having support. This was available in large print if required.
- People told us they knew how to complain but did not feel the need to as little niggles were dealt with quickly.
- There had been no complaints received since the last inspection.

End of life care and support

- When people required end of life care, staff worked with other professionals to meet their needs.
- Families had written to the service praising the end of life care their loved one had received.
- Staff were aware of people's preferences about their end of life care and who would be involved in making decisions about the level of medical interventions. Some end of life care plans would benefit from more detail about people's wishes. The registered manager agreed they would review this as soon as possible.

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 at the service. The management team and staff shared the same values and vision, based around high quality person-centred care.
- Staff visited the office and called for advice, they were very comfortable with the registered manager and office staff.
- Staff could speak directly with the provider at prearranged surgeries. No staff had done so in the last year.
- All the staff we spoke to told us that they felt well supported and able to ask for help at any time. One staff member told us, "I had a difficult situation, I called the office and one of them came straight out to support me."

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

- Regular audits were completed to monitor the quality of care being delivered. These included audits of care plans, daily records and medicines records.
- Staff meetings were held, and office staff ensured that staff were not supporting people during the meeting time, so they could attend.
- Memos were also used to remind staff of expectations or share any learning.
- Notifications to the Care Quality Commission (CQC) were submitted as required and the previous rating was clearly displayed on the service website and in the office.

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

- Surveys had been sent to people, their loved ones and professionals. Feedback received was positive, including comments such as. "They make sure my loved one is well and that I am well, they go out of their way to help" and "The carers are so kind and understanding, they are a great team of carers, nothing is ever a bother to them."
- The outcome of the surveys was shared with people.
- Office staff took the time to check if people were happy with their care during regular phone calls or when providing care.

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 registered manager and office staff also visited the CQC website for up to date information and to review reports of services similar to their own. One staff member told us, "It is helpful to look at good services to see if there is anything we are missing and to see where others went wrong so we don't make the same mistakes.
- The service worked closely with other agencies including the local authorities to ensure people received the care they needed.