

Mercy Home Care Services Ltd

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Inspection report

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Date of inspection visit:
30 January 2020

Date of publication:
24 February 2020

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

Mercy Home Care Services Ltd is a domiciliary care agency providing personal care to 12 older people living in their own homes.

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

People told us they were happy with the care they received. The registered manager oversaw a good quality service which was safe, effective, caring, responsive and well led.

There were enough staff in place to meet people's needs. People told us they were supported by consistent staff, who understood their needs well.

Staff received appropriate training and support in their role. They treated people with dignity and respect.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced.

People received care that identified positive outcomes and how these could be met. People were involved in planning and reviewing their care.

Care plans reflected people's needs, including the support they needed with their healthcare, medicines, nutrition and personal care.

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.

There were systems in place to deal appropriately with complaints and feedback. The provider had effective systems in place to monitor the quality and safety of the service.

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

Rating at last inspection

This service was registered with us on 26 February 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Mercy Home Care Services Ltd

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager 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 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 30 January and ended on 2 February 2020. We visited the office location on 30 January. We made phone calls to people on 1 and 2 February 2020

What we did before the inspection

We reviewed information we had received about the service since they registered with us, such as statutory

notifications.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people or relatives. We spoke with the registered manager and two members of care staff.

We reviewed five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 was the first inspection for this newly registered 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

- People told us they felt safe receiving care from staff. Comments included, "It has been a great help to have the girls [staff] come in. I can depend on them", and "Safe, yes, I would say so."
- The provider had a safeguarding policy in place. This outlined its responsibilities in helping to keep people safe from the risk of suffering abuse or coming to avoidable harm.
- Staff had received training in safeguarding adults. This training helped them to recognise the signs of abuse and the appropriate actions to help promote people's safety and wellbeing.
- Where concerns had been raised about people's safety or wellbeing, the registered manager had made the appropriate referrals to local safeguarding teams. This demonstrated that they understood their responsibilities in safeguarding people.

Assessing risk, safety monitoring and management

- The registered manager carried out risk assessments of people's home environments. For example, when staff used mobility equipment, such as stand aids when supporting people with their personal care, there was detailed guidance about how to safely use and maintain these items. This helped to ensure staff were able to safely carry out their role.
- Risks associated with people's health and wellbeing were assessed. Where risks were identified, there was guidance in place to reduce the risk of harm. In one example, one person was at risk of experiencing seizures. There was guidance in place for staff to follow in the event of this happening, which helped to keep the person safe.
- The provider had a 'no reply' policy in place. This detailed the actions staff would take in the event they were unable to establish contact with people at the time of their planned visit. This demonstrated that the provider would take all reasonable steps to establish people's safety and wellbeing, contacting relevant authorities if they were not assured of this.
- The registered manager operated a telephone based 'on call service', which was active outside of office hours. This enabled people, relatives and staff to contact the provider in the event of an emergency outside of office hours.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "Staff are usually on time", and, "Generally speaking, they [staff] are very reliable."
- There were enough staff to meet people's needs. The registered manager had systems in place to assess current staffing capacity. This helped them to carefully plan when and where they were able to take on additional people's care packages, without comprising safety or quality.

- There were systems in place to help ensure suitable staff were employed to work with people. The registered manager oversaw the recruitment of new staff. They had systems and checks in place around staff's experience, character and performance in previous roles. This helped to determine staff's suitability to work with people.

Using medicines safely

- The provider's medicines policy detailed the support they were able to give people with their medicines and the procedures staff were required to follow in line with best practice guidance.
- The level of support people needed in the management of their medicines was documented in their care plans. The person responsible for the ordering and disposal of medicines was also documented. In some cases, people had relatives who had taken on this responsibility. This helped to ensure the provider was able to contact them if there were any medicines related issues.
- Staff recorded the administration of people's medicines on medicines administration records. This helped to ensure there was an accurate record of when medicines had been administered.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support.
- The provider supplied staff with gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.

Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends to help reduce the risk of incidents reoccurring. There had only been a few incidents since the provider had registered with The Care Quality Commission, which had been investigated appropriately.

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 was the first inspection for this newly registered 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

- The provider's policies and procedures had been developed in line with legislation, standards and guidance from the government and other professional bodies. For example, the provider's safeguarding policy had been developed to reflect guidance set out by the local authorities safeguarding team. This helped to ensure staff were working to guidelines reflective of current best practice.
- People's needs were assessed prior to care commencing to help ensure suitable plans of care were in place. The registered manager met people to identify their care preferences and reviewed assessments from health and social care professionals.
- The provider had a computer-based call monitoring system. This system enabled the registered manager to monitor when staff arrived at and completed care calls. If staff did not 'log in' to their planned visits, the registered manager was alerted. This helped to protect people against the risk of missed calls.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled in their role. Comments included, "The staff seemed very well trained", and, "They help me to look after my skin, they do it very well."
- Staff received training in line with The Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. The provider used an external training company to deliver training, which was a combination of classroom based and online training.
- Staff received ongoing support and supervision in their role. New staff were inducted into their job through shadowing more experienced staff. The registered manager regularly met with staff to review their working performance and identify training needs. The registered manager also carried out observations of staff whilst working, which helped to assess their competence in key areas, such as medicines administration.

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

- The support people needed with eating, drinking and meal preparation was identified in their care plans. Where people had specific dietary requirements, preferences or routines, this was highlighted for staff to follow.

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

- The registered manager worked effectively to ensure transitions were smooth when people moved between services. This included making links to hospital discharge teams to ensure people had the right care related equipment in place before leaving hospital. This helped to reduce the risk of failed discharges.
- People told us they had experienced smooth transitions when starting services with the provider. Comments included, "The care was organised very quickly, it was almost seamless."

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

- People's healthcare needs were documented in their care plans. The registered manager had provided staff with training and background information to people's specific healthcare conditions. This helped to ensure staff were able to recognise the signs and symptoms of people's health changing.
- People were mainly responsible for accessing healthcare services themselves. However, the provider had helped them to develop, 'hospital passports', which were documents designed to give an overview of people's health needs. These documents helped to give medical professionals a snapshot of people's needs, when they accessed healthcare services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Nobody using the service was subject to these authorisations.

- The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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 was the first inspection for this newly registered 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 told us that staff were caring and kind. Comments included, "[Staff member] is lovely", "Staff are kind and gentle", and, "They are very good and very caring"
- The registered manager understood the importance of providing a consistent and reliable service. They tried to provide staff people preferred and where possible, they arranged people's care visits at the times they wished. When the registered manager needed to make changes to people's care, they made a conscious effort to ensure people were informed and happy about the new arrangements. One person commented, "They will always give me a call if the staff are going to be late."
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. The provider's assessment processes took into account considerations of people's protected characteristics as identified in The Equality Act 2010. This helped to ensure the diversity of people's needs was reflected in the delivery of care.

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

- People were involved in planning and reviewing their care. The registered manager maintained regular contact with people through telephone calls and review meetings. This gave people a chance to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. Comments included, "They are nice to [my relative]. They treat her with respect", and, "I always know who is coming, they never send anyone I don't know."
- The registered manager worked with staff to promote a shared understanding of how dignified care should be delivered. This included mentoring staff about the importance of, addressing people by their preferred name, speaking in a mutual language and being sensitive to people's political or religious views.
- The provider ensured people's personal information was stored securely. There were arrangements in place to ensure only information relevant to care duties was shared with staff.
- People's care plans identified who was involved in their care and what information the provider was able to share with them. This helped to promote a coordinated approach to delivering care without imposing on people's confidentiality and privacy.
- People were supported to maintain their independence. For example, some people had pendant alarms, which they used to call for help in the event they had a fall, when alone. In one person's care plan, it prompted staff to ensure the person was wearing this pendant when they left. This helped enable the person to remain in their home by reducing the risk of harm if they suffered a fall.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care reflected their individual needs and care plans identified the preferred outcomes of support.
- People's care plans included details about their personal history, family contacts and preferred routines. People's personal care routines were clearly detailed, which helped staff deliver care in a way which people were familiar and comfortable with.
- People's care plans helped staff to promote people's choice and quality of life. In one example, staff provided pictures and visual aids to help one person make a choice about the meals they wished to have. Without this support the person would have struggle to communicate their choice and preference.

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 communication and sensory needs were identified in their care plans. For example, one person required staff to speak in short sentences using a clear and loud voice. This helped to promote effective communication between the person and staff.
- The registered manager made adjustments to how they communicated with people to meet their specific needs. For example, one person preferred to communicate with the registered manager via text messages.

Improving care quality in response to complaints or concerns

- People told us they were happy and felt comfortable raising concerns and complaints. Comments included, "I would be happy to raise any issues I needed", and, "[I have] no complaints, but if I did, I would just call up the manager."
- The provider had a complaints policy in place. This outlined how complaints would be investigated and responded too. The provider had not received any formal complaints. When people had minor issues, the registered manager recorded their concerns and updated people with the findings of their investigations. Records demonstrated that minor issues had been resolved to people's satisfaction.

End of life care and support

- Nobody using the service was currently receiving end of life care. The registered manager told us they would work with people and other stakeholders to provide responsive care should this be 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.

This was the first inspection for this newly registered 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

- People told us they received good quality care which promoted positive outcomes. Comments included, "I'm really happy with the care. It's a good quality", and, "The standard of care is very good."
- People and relatives told us the registered manager was a very prominent figure in their day to day care. They said she was approachable, supportive and understanding of their needs. People's comments included, "The registered manager came out every day to train up staff to make sure they knew what they were doing, it's brilliant", "I see the manager regularly. I look forward to it", and, "The manager is so lovely. I get on so well with her."

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 their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- Effective audit systems were in place to check the quality of the service and action was taken when concerns were identified by audits. For example, where a medicine audit had identified that medicines administration records had not been completed correctly, this was followed up immediately.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The registered manager promoted open communication between people and the service. People told us they had established a good working relationship with the registered manager. Comments included, "The manager always makes themselves available if I need anything", and, "I know the manager is there if I need anything. This is reassuring and a very different experience from when I have received care before [from other provider's]."
- The registered manager gained feedback about the service through regular visits and telephone calls to people. They were in the process of sending out questionnaires to people to gain further feedback about the

quality of the care.

Continuous learning and improving care

- The registered manager held monthly staff meetings where updates and ideas for improvement were shared. After a recent meeting, improvements in staff communications were introduced, by the use of an electronic secure messaging system. This helped to ensure that updates and changes about people's needs could be effectively communicated.

Working in partnership with others

- The registered manager had established positive working relationships with the different stakeholders associated with people's care. For example, the registered manager contacted a person's GP, after staff raised concerns about the condition of the person's skin. A prescription of topical cream was started, which had a positive effect on the person's skin condition.