

Meritum Integrated Care LLP

Meritum Integrated Care LLP (Maidstone)

Inspection report

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Date of inspection visit:
14 June 2016

Date of publication:
12 July 2016

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

The inspection was carried out on 14 June 2016, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Meritum Integrated Care is a family run domiciliary care agency which provides personal care and support for people living in their own homes. At the time of the inspection the service was providing personal care to 39 people.

There was a registered manager at the service. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and

procedures, with people's prior agreement. This enabled people to get to know the provider.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider at spot checks, people could phone the office at any time. People's views were also obtained through annual surveys. These could be completed anonymously if people wished. The provider analysed these and checked how well people felt the agency was meeting their needs.

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.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider led the way in encouraging staff to take part in decision- making and continual improvements of the agency.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

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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 was planned to check 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.

The inspection took place on 14 June 2016 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the agency's office in Maidstone area of Kent. We spoke with the provider who is a partner. The partner have many years of experience working within Health and Social care sectors. We also spoke with the registered manager, the administrator of the agency who is also a coordinator, a field coordinator and two care workers. Following the inspection visit we spoke with six relatives of people who received support in their own homes.

During the inspection visit, we reviewed a variety of documents. These included four people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as staff training programmes sample of audits, satisfaction surveys, staff rotas, policies and procedures.

Is the service safe?

Our findings

People said they felt safe receiving care from the staff at the agency. Everyone spoken with said that they felt safe with their care staff and had no cause for concern regarding their safety or the manner in which they were treated by care staff. One person said, "I am very satisfied with the service, I feel safe and in control." A relative said, "we look forward to their visits the girls are cheeky like me and we have a good laugh, but I know my wife is in safe hands."

People could be confident that staff had the knowledge to recognise and report any abuse. Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The agency's policies and procedures were included in a staff handbook which staff could carry with them. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the provider or administrator immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider or administrator, or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This showed that the provider had systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the provider carried out risk assessments. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. One risk assessment stated "Please use wheelchair to transport her around the house to avoid falls". We saw risks had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The provider said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required.

The agency had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Is the service effective?

Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, "I think the staff are trained they certainly know how to look after me" and "The staff get good training I think, we get some of the new girls come here they are doing shadow shifts which means they work alongside staff that have been at the agency sometime. They always ask us if we mind and I always tell them I don't mind as long as they're pretty". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' Care Certificate. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people.

The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as understanding dementia, principles of person centred care, end of life care, health and safety and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision and the provider had commenced yearly appraisals for all staff. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the provider would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staff's knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work. One person said, "Someone does come out from the office from time to time and check that I am happy."

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider is a trained trainer in MCA and DoLS and carries out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Staff sought and obtained people's consent before they helped them. One person told us "They always ask before doing anything". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the provider, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns.

Is the service caring?

Our findings

People told us, "The agency staff are very caring, excellent, could not ask for better", "The girls are absolutely splendid, they are prompt and helpful." And "I find the girls very caring, and easy to talk to I would certainly recommend anyone to use this agency, I don't think they would find better, they are the best."

Positive caring relationships were developed with people. They told us that they feel listened to, respected and have their views are acted upon. People said "My girls treat me with respect we have built up a nice relationship, we have quite a giggle which is really nice, I look forward to their visits.", "I find all the staff easy to talk to, they are very kind and they treat me with respect", "All the staff treat me with respect, we have built up a friendship, the girls are always kind and courteous" and "The staff show me nothing but respect, they are very good and I would definitely recommend them to other people."

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. One staff told us, "I involve the person by asking them what needs to be done next and then asking if that's something they can do". Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us staff gave people time to make choices to ensure people remained in control of their day to day lives.

People were informed of agency processes during the assessment visit. The provider provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern. One person commented "An excellent service provided. There is always someone around if I need any help, support or advice". People said that they did not have any concerns.

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if their regular carer was off sick, and which care staff would replace them. The provider would cover, if there was no other staff member available at the time. People confirmed to us that if staff were running late, they do inform them. One person said, "If the staff are likely to be late they normally let me know, if I've got an early appointment somewhere I always contact the office and the staff do their best to have someone with me earlier in the morning."

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People described care staff as being 'adaptable' and 'meeting their needs'. Comments included, "The staff encourage me to do things for myself, when they first started coming I could not do much, but now I am very much improved." and "They always respond quickly, Today she came and helped me with my shower and she help me was my hair."

The provider carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. For example, one person need was to be supported to go to the gym. Records showed that staff arrived on time to support the person to get ready and attend the gym. Other tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The provider carried out care reviews with people and was regularly in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. One person said, "They, from the office and do a review just to make sure everything is okay. Although I have the ceiling hoist I like to manage without when I can, I feel the need to keep my upper body strength. But I find the staff that this agency do give me time and they promote my independent something which didn't happen when I was cared for by other agencies."

The agency's questionnaire responses from August 2015 supported what people told us. People had been asked to confirm their views about the service by answering questions. Questions included, 'Do you normally have the same carer?'; 'Are your carers usually on time?' and 'Are your carers friendly and caring?'. All responses were positive, ranging between 75% and 100%. People had commented, "They do everything I want them to assist me with and they check with me that I am happy before they go" and "What I like is the

fact that I feel free to alter things when I want to, I am in control of my care, Staff treat me as an individual". This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the provider or administrator if they had any concerns, or would speak to their care staff. People said, "I know how to make a complaint, when they first started with me I had to say something about a member of staff I was not getting on with. It was no problem and that person no longer visits me", "I have no complaints, but if I was not happy about something then I would speak to the person in the office" and "If I had a complaint I would go back to Jean in the office, I know she would help me straightaway, but I've never had anything to complain about to be honest."

The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. One relative told us that there had been a couple of small issues when their relative first received care from the agency. She said that the provider had dealt with these concerns immediately. They said, "I do know how to complain and I have done so, I was not happy with one of the care staff is sent me and I did not feel safe with them. The manager came back to me straightaway and it turned out I was not the only person who was not happy with them, and they no longer works for the agency."

Is the service well-led?

Our findings

People spoke highly of the provider and the administrator, and said that staff listened to them. One person said, "If I was not happy about anything I would phone the office, I have every confidence that they would listen." Our discussions with people, their relatives, the provider, administrator and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

The management team included the provider (Partners), registered manager and the administrator (Office Coordinator). The provider and registered manager were familiar with their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The provider and registered manager had managed the agency for a number of years and had concentrated on consolidating existing processes and bringing about a number of changes. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was ongoing. It was clear that the provider and registered manager complemented each other's skills and worked together for the good of the agency. They showed a passion to ensure that people were looked after to the best of their ability.

The aims and objectives of the service were clearly set out on their website. It stated, 'Our major aim is to provide all our clients with the highest standards of care and support within their own home or home environment in order to maximise their potential.' We found that the organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. Members of staff commented, "It has been brilliant. No problems at all. It is a family run business. Management is approachable. They support us and I enjoy it", "It has been great, staff and management are good. Always can get help. Very understanding. They are always keeping an eye on us." and "I feel supported by management. Really good and makes you feel part of the family."

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used, to assist them constantly review and improve the service.

Communication within the agency was facilitated through monthly management meetings. This provided a forum where staff shared information and reviewed events across the agency. Staff told us there was good communication between staff and the management team.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. The field coordinator we spoke with confirmed this and said, "I do staff supervision and observe staff at work." Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written in people's homes about the care provided. These had been checked and

signed by the reviewer each time they were returned to the office each month. We spoke with the registered manager and field coordinator about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Staff knew they were accountable to the provider and the registered manager. They said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.