Miss Laucina Meyers

Meyers Care Agency

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 27 January and 1 February 2016 and was announced.

Meyers Care Agency is a domiciliary care agency providing personal care to people in their own homes in the Dunstable area. At the time of our inspection there were five people receiving care from the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The service had last received an inspection in February 2014 and was compliant.

During our inspection we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the report.

People told us they were cared for by staff who were kind and compassionate and were able to meet their needs. People were treated with dignity and respect. People had care plans in place which were detailed and regularly reviewed to meet people's changing needs. People and their relatives were not however always included in these reviews and were not always aware of what was in their care plans. Risk assessments were completed and were robust enough to keep people safe. People provided consent to receiving care, but staff did not always understand the principles of the mental capacity act.

People told us that staff received training to support them to provide care. Training records were inaccurate and certificates were not always made available. There were enough staff to meet people's needs at the times allocated and calls were not regularly missed. However missed calls were not always recorded so this could not be verified.

Staff were not recruited safely by the provider. DBS checks were not always completed prior to staff commencing employment and the manager did not undertake risk assessments for staff with criminal convictions on their record. References were not appropriately sought from previous employers and gaps in employment were not accounted for during interviews. Staff employed by the agency did not always receive adequate levels of supervision or observation.

People's medicines were administered by trained staff but records were erratic, not always accurate and had gaps in recording. The provider had a complaints policy in place and people knew who to complain to if necessary. There was a quality monitoring system in place, but there were inefficient auditing systems in place to identify and make improvements. People were positive about the management of 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?

Inadequate

The service was not safe.

The provider did not have an effective recruitment and selection procedure in place and relevant checks and processes were not carried out on the suitability of staff.

Medicines were not administered safely as the service did not maintain accurate records of their administration.

Staff received training in safeguarding and understood how to protect people from risk of harm. There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive regular supervisions and appraisals or checks on their
performance working in people's homes.

Staff did not always receive appropriate training and records of training certificates were not always available or accurate.

People consented to their care and treatment.

Is the service caring?

Good

The service was caring.

People told us they were cared for by staff who were dedicated, compassionate and understood their needs.

People told us they were treated with dignity and respect.

People's records were stored appropriately and staff understood how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

There was a system in place for handling complaints.

People's care plans were detailed and provided enough information for staff to deliver care effectively.

Care plans were regularly reviewed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had a quality assurance system in place but didn't identify or take appropriate action to resolve issues in the service.

Records relating to medicines were incorrectly completed and inefficiently audited.

People and their relatives were complimentary about the manger.

Meyers Care Agency

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.

This inspection took place on 27 January and 1 February 2016 and was announced. The provider was given 48 hours' notice because they are a domiciliary care agency and we had to ensure that somebody would be available at their offices to support us in the inspection.

The inspection was carried out initially by one inspector who visited the office on the 27 January and an expert by experience who conducted telephone interviews with people using the service, their relatives and staff. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for older people both professionally and as a volunteer.

Before the inspection, the provider 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. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records.

During the inspection we spoke with the registered manager, one person who used the service, two relatives and two members of care staff. We reviewed three care plans, 11 staff files and looked at records relating to medication, quality audits, internal policies and customer feedback surveys.

Inadequate

Is the service safe?

Our findings

Staff were not recruited safely to work at the service. Prior to our inspection we had received concerns that reference checks were not always being sought or completed for new employees. The staff files we looked at confirmed that appropriate references were not being sought to ensure that staff had the skills, experience and knowledge to fulfil their duties and were of good character. Application forms did not always contain enough detail for the provider to seek these references. For example one application form did not include any dates in their employment history. Another included dates which were vague and non-specific, listing years of employment instead of specific dates. Interview notes did not include any accounting for these gaps. This meant that references that had been sought could not be matched to applications to ensure their authenticity.

References contained in staff files had not always been validated and were not always from previous employers. The agency used a standardised form which was sent out to referees to complete but did not always contain information regarding the referee's name or job title. Three members of staff only had one reference on file and one of these references had been completed and signed by a care worker employed by the service. We asked the manager about this, who explained that the company had refused to supply a written reference but had spoken 'unofficially' to the care worker on the phone. This member of staff was therefore employed with no valid references on file. Another member of staff had references from people they'd supplied care to in the past but did not have any reference from a manager or senior person. This meant that the service could not be certain that staff's employment history was accurate or that they were of suitable character to work for the service.

Two members of staff had commenced employment without valid Disclosure and Barring Service (DBS) checks being completed. This check is carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm can be reduced. One member of staff had commenced work on the 30 July 2015 but the agency had not received their completed DBS paperwork until the 5 August 2015. The member of staff in question had criminal convictions on file which the provider is required to risk assess to ensure that people who might receive care from the member of staff are safe. The manager told us they had 'discussed the matter' with the member of staff but had not completed any recorded risk assessment. Another member of staff had commenced employment on 3 August 2015 and was employed for the service for a month, during which time a completed DBS was never received. The manager explained they had made the application but had accepted a DBS check from 2007 in the meantime. This DBS check again showed that the member of staff had convictions on file which had not been risk assessed. Two further members of staff had also commenced work with recent DBS certificates from a former employer, but these were not portable certificates and therefore not admissible as part of the recruitment process. The provider had a recruitment policy in place but demonstrated a consistent failure to follow this in order to recruit people safely to the service. While this had been rectified at the time of our inspection, this may have left people at serious risk of harm if cared for by staff who were not subject to the correct checks and balances required by law.

This was a breach of Regulation 19 of the Health and Social Care Act 2008: Fit and Proper Persons Employed.

People using the service told us they felt safe. One person said, "Yes I feel very safe. Why? I suppose it's because I know them all really well, had them for nearly 3 years now and never any problems and they always check I am okay before they leave". Another told us, "Yes I feel safe, wouldn't have them if I didn't and they are all really good people."

The service had safeguarding policies in place which detailed which agencies to contact and included details of referrals which had been made to the local authority. The staff employed by the agency at the time of our inspection had received training in safeguarding and understood how to recognise and report different signs of abuse. One member of staff told us, "It's important that we see the people are safe and that we have done best job we can." We saw that safeguarding referrals had been made appropriately to the local authority where necessary.

Risk assessments were completed as part of people's initial assessment and then updated as and when required to ensure that any risks were appropriately managed. Details of any behaviour that might have had a negative effect on others was included within care plans and staff were able to describe to us how they ensured people's safety. One member of staff said, "I would look in the person's care plan as these are very detailed now. They tell you the person's history and state clearly what issues may arise and what works. If the care plan needs updating we talk with the main care worker about who is most suitable to work with that person, who they would get on with or there is anything in the environment that needs changing."

People told us there were enough staff to keep them safe. The manager told us they had experienced some problems recruiting new staff and had reduced the amount of people they provided care for to ensure they could continue to meet their needs. We looked through the daily notes and corroborated these with call times and found that people usually received their calls at the required times. However, one person had not received their evening calls for several days throughout December 2015. The manager told us the person often refused their calls or wasn't home to receive the carer, but this was not recorded in the person's daily notes. People told us they generally received their calls on time. One person told us, "They (carers) don't say exactly what time they are supposed to come – I suppose it depends on how busy they are. They come round about these times but do come at different times especially for the lunch call and so I start to do lunch myself. It doesn't bother me though what time it is, as I know they will always come sometime, and I can start to get something myself. I wouldn't have another agency anyway." A relative we spoke with said, "We have two calls a day and they are almost always on time and if they are going to be late will call and let us know. They do everything we expect them to do and more-will often stay longer if necessary." Staff felt there were enough staff available for them to meet people's needs. One member of staff said, "There are no delays in calls. We have a rota and timesheets. Times are written on the care plans, they are all set times that people know about, we see this is important from our training. We take it very seriously." We reviewed rotas for the last four months of 2015 and found that there were enough staff to meet people's needs.

People's medicines were administered safely but not always recorded accurately. Assessments were completed to assess whether a person could self-administer their medicines or required support with this, and staff received training to ensure they were able to administer them safely. New employee's inductions included an observation to assess the member of staff's competency. People told us they received their medicines on time and as prescribed. One person told us, "I do my own medication as I don't want to have to rely on them or become dependent on others. They check I have had it."

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that carers generally had the skills and experience to deliver their care effectively. One relative said, "I am sure they have all the training they need. They are all fantastic, they provide quality care rather than the 5 minutes in and 5 minutes out type of thing. They know their job and know when to give extra help or encouragement depending on how she is at the time." However one person told us, "Sometimes I feel that they don't always think about things, this morning carer wanted to shower me with [their] coat on, I told [them] to take it off. [They] asked 'what for' so I told them it's not very hygienic and [they] realised then and took it off."

Staff received an induction prior to commencing employment which included opportunities to work alongside experienced members of staff and read through the service's policies and care plans. One member of staff told us, "Most new staff recruited have previous care experience but still have an induction as they could have learnt bad ways; we also have spot checks for new staff especially during first weeks." There were spot checks recorded during the induction period but these were not consistently completed for all staff, and some had been deployed on the rota prior to completing their full induction programme.

Staff had received training from a number of different training providers and this included a mix of online and classroom-based training. These included mandatory courses in medicine administration, moving and handling, safeguarding, first aid and infection control. Staff told us this training had helped their development and understanding of their role. One member of staff said, "Training made me see that everyone is different. Client's emotions can be different every day and they can behave differently. We need to allow them to be how they are, we still need to be professional but 'change our mood to match.'

However, training records were not always consistent with certificates kept in the staff member's file and it was not always clear which courses staff had completed and when. For example in the training file for one member of staff we found that the person had a checklist of training dates which stated that they'd completed various courses, but no certificates for these courses were available on request. The manager explained that the training provider hadn't been able to print certificates for the courses in question, but could not explain the discrepancies in dates. We requested details of the trainer's qualifications to deliver this training but the manger was unable to provide this information on the day of inspection.

Prior to the inspection we had received information that training was not always being completed for new staff. One staff file contained training certificates which had seen signed with the person's name and a date of August 2014, and their training checklist appeared to confirm that they had completed this training on the specified date. However, this was four months prior to the person commencing employment. The manager told us the staff member in question had attended these courses before applying for the job, however the member of staff in question strenuously denied that this was the case. Upon further investigation we found that the provider had not provided training on the dates specified to this member of staff and that these certificates were therefore invalid. This meant the member of staff had not received any training during their period of employment with the service.

This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staff were not always regularly supervised. One member of staff told us, "It's not always recorded but we do it every three months." Another member of staff said, "Supervision is regular, every day and on-going because we work so closely together." All three members of the care staff had only received one recorded supervision since May 2014 in addition to their annual performance review. The service did not record any observations or spot checks on staff following the initial induction period, and this meant that performance and competency could not be regularly monitored or areas for development identified.

Staff received training to understand the principles of the Mental Capacity Act; however they were not always able to describe what this meant. 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. One member of staff said, "The Mental Capacity Act , we don't take mental health problems, we just have one person who can be moody so we send 2 carers." Another member of staff told us, "Oh yes I have understanding of it (MCA). It's about choice. Had an example recently, I built up a relationship with a person who I felt was being abused and it went to safeguarding because the person did not have capacity. I've had DoLs training as well but can't really tell you about it."

People signed their care plans to indicate that they provided consent to their care being provided by the agency. This included consent to receiving personal care and consent to having medicines administered by carers. People told us staff routinely ensured they were giving their consent to care. One person said, "They are very good at gaining consent, they tell me what they are going to do next, which is fine as we have a routine and they know me so well." Staff were able to tell us about the principles behind consent and how they ensured they gained this from each person. One member of staff said, "We often develop close relationships and get the clients to feel comfortable and at ease with you and then they feel they can open up and tell you how they feel about things. Often person won't have anyone else as their carer."

People's needs in relation to nutrition and hydration were assessed by the service and care plans included a list of likes, dislikes and preferences for food and drink. Daily notes confirmed that people were being provided meals, drinks and snacks when required and that staff were ensuring that they had enough to eat and drink. There were fluid charts in place for each person to monitor their intake of fluids throughout the day where required. People's healthcare needs had been assessed by the service and details of these were included within care plans. The service worked with district nursing and other external professionals to ensure that people's healthcare needs were being met, and we saw that issues were regularly communicated between different agencies where necessary.

Good

Is the service caring?

Our findings

People and their relatives were positive and complimentary about the care being provided by the service. One person told us, "[They are] very friendly, they have a chat about all sort of different things, they are not just in and out." A relative said, "They are very compassionate, they care for and about people. They could not do this job properly if they did not care about people. To them it's more than just a job."

One relative told us how the service had supported them over many years and gone the extra mile to care for them and their relative. They said, "I could not speak more highly of them. They have taken care of me as well and always asked how I am managing. The owner has sat down, held my hand and talked to me, she should be put up for a gong and the carers are equally fantastic. [Relative] is in hospital and will be going into care as I can no longer provide what's needed as have own health problems, but the owner has still phoned to see how [relative] is and how I am coping on my own."

People told us they were treated with dignity and respect. The service had clear guidance in each support plan which detailed how staff could observe good practice in this area, and included guidance to help ensure that staff were knocking on people's doors, using their preferred names and allowing them privacy where possible. One person said, "Yes. They treat me and my property with respect. From day one they asked how I would like things done. They listened then and still do, and do things my way." A relative told us, "Staff are very mindful of dignity and privacy. For example when they wash [them] they always make sure the blinds are closed even though not overlooked at all. Cover her with towel. They are aware of health issues and very observant and professional. I think they have mutual respect." Staff told us they tried to observe people's dignity and respect at all times. One member of staff said, "We let them know what you are going to do before you do it. And also when doing personal care make sure doors are closed, blinds drawn and ensure people covered and not left in a state of undress." When the service had received a significant number of applications from male carers, they had sent out letters to each of the people they supported to ask whether they would be comfortable having personal care provided by a male. This provided people with the opportunity to ensure they only worked with staff whom they were comfortable with.

Staff were able to describe some of the ways in which they observed confidentiality to ensure people's privacy. One member of staff said, "It's not telling anyone anything. It's a form of respect for client and their privacy." Another told us, "It's being careful about what you say and who you say it too."

Good

Is the service responsive?

Our findings

The service had a complaints policy in place but the manager told us they had received no complaints since our last inspection. People and their relatives told us they knew who they would complain to if necessary. A person said, "I would tell [registered manager] and I know she would sort it." One relative told us, "No problems at all with the agency. If I had any concerns I would ring the office to tell them what was wrong and if nothing was done and I felt it necessary I would contact our social worker." People were provided with information about how to complain to and how a complaint would be managed by the service.

People's needs were assessed before the service began to deliver care, and we saw that people's mobility, health, conditions and communication were all assessed as part of their care planning. Daily routines were broken down into individual tasks which enabled staff to ensure they were providing care which was consistent and ensured that people's individual needs were being met upon each visit.

People had care plans in place which were reflective of their individual needs and contained information regarding their social histories, backgrounds, likes and dislikes and they could best be supported by care staff. People's individual needs were taken into account and we saw evidence of how the service met these. For example where one person had a limited understanding of English, carers had been supplied with a list of things that they needed to be aware of when supporting in the person and ways in which they could communicate with them to overcome the difference in language. Care plans were subject to regular review and were updated each month to reflect any changes in people's needs. People and their relatives told us they had involvement in the initial planning of their care but that they weren't always involved in these reviews. One person said, "Care plan, I don't know about that, if it's going to change then they tell me rather than ask. For example changing the bed, they suggested it and just do it now." A relative said, "I was involved in drawing up the care plan when they first started just under a year ago now. It has not been reviewed yet but if there is anything different they let me know. Care workers aware of [relative's] needs and she is usually able to make her needs understood. Any problems and they phone me straight away."

Daily notes included a good level of detail for each call and accounted for how staff were supporting that person, including meals they'd been provided with, any personal care that was completed and whether the person had taken their medicines as prescribed. People's changing needs were identified and reflected in these updates. People's hobbies, interests and activities were included and the service kept a record of any significant events in people's lives.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who also provided care to people using the service. People and their relatives we spoke with were complimentary about the manager and knew who she was. One person said, "Of course I know who it is and yes I see her very often as she comes out to do the care. I can say anything to her and she listens, she is an angel really and will do extra for me without asking." A relative told us, "They are very well led. The owner is very approachable, I couldn't speak more highly of her, she asks my opinion if needed but I have never had to interfere or had to say anything as they are doing all that is necessary."

The service had a quality auditing system in place, but this was not robust enough to identify areas where improvements were required. These audits were completed weekly and designed to monitor each aspect of the service for compliance and quality, but only a small number of actions were identified. For example one week stated 'Paperwork' as an action with no clear indication of exactly what this meant. Throughout the last 12 months the manager had only highlighted five actions overall that needed to be taken. Given the concerns noted during our inspection, this meant that the manager was not always proactive in identifying and resolving shortcomings in the service.

Upon reviewing medicines administration record (MAR) charts for the service we found that these were erratic, with several gaps in recording and conflicting information. For example one person who'd been assessed as being able to self-administer medicines had MAR charts in place that were marked with 'E' to indicate 'other' on each day throughout October 2015. In December 2015 staff had begun to sign for the person's medicines with their initials but it was not clear what had prompted this change. The manager told us that medicines had been changed to being prescribed in blister packs and that they'd changed their method of recording to reflect this. However this was not indicated in the person's care plan. The code 'E' was routinely used across all the care plans we looked at on a number of days, but there was no indication provided of exactly what this meant.

Information contained within care plans did not always correspond with the person's MAR charts. For example one person's care plan indicated they received a different dosage of one medicine than was contained within the MAR chart. Some medicines were not included in the care plan at all. We found unexplained gaps on one person's MAR chart for December 2015 and asked the manager about these who then signed them in front of us. This was not appropriate since the manager had not seen these medicines administered and could not therefore account for them in this way. We saw the service had a system in place for auditing these charts but had routinely failed to identify these errors in recording or make appropriate changes to ensure that they accurately reflected the medicines being administered.

The manager described the visions and values of the service and felt that they provided a good level of care to people, while accepting some of the shortcomings in paperwork and governance. She said, "At the end of the day we're here for the people. I'm proud to give good care and I just want to see smiles on people's faces. Sometimes there is so much paperwork and I just want to provide good care." This showed that while the manager was committed to providing a good quality of service to people, she did not always understand

the requirement to remain compliant with the regulations. A local authority inspection plan had taken place in October 2015 and highlighted many of the same issues raised during our inspection, but the service was not taking proactive measures in addressing these. For example the report had highlighted the lack of formal observations for staff and issues in recording on MAR charts, but these issues had not been identified or improved upon since.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The service sent out questionnaires and surveys to people and their relatives to gain their views on the care being provided and gave them an opportunity to state whether there was anything they'd like improved or changed. A relative told us, "Yes I have always been involved. I do talk to agency about any changes needed." The feedback from people was positive and included comments such as "The service provided by this agency is second to none. The professional integrity is outstanding. I feel like they are part of my family."

We saw minutes from team meetings which were held monthly and provided staff with the opportunity to feedback upon any issues affecting the service. The manager issued an agenda in advance to ensure that staff were aware of items for discussion. The manager kept detailed minutes of each meeting, but we found that the tone of these minutes was often very negative and focused upon highlighting issues with the staff team. For example in one set of minutes we saw that the manager had told staff they were using too many gloves and had therefore refused to buy any more for several weeks. There was no indication of how staff would ensure good infection control practice or obtain the materials necessary to do their job safely.

Staff felt they were listened to by the manager and that they worked well as a team. They were able to tell us about improvements needed in the service and how it had developed since first opening. One member of staff said, "I think there are areas we could improve as nothing is perfect but we have come a long way since started in 2011/2012. We were very sloppy in key areas then and taken us a long time to get paperwork right but now it's computerised and I think it is fine. There have never been any problems with the care we provide and think that is very good. Recruitment is still a problem but not just us having problems, some of it is the system for getting DBS checks done, as if people want jobs they want to start straight away."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always assess, monitor and improve the quality and safety of the services provided in the carrying on the regulated activity. Medicines records were not completed or audited appropriately.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive adequate training or induction to carry out their role effectively. Staff did not receive appropriate levels of supervision or observation.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruited to the service did not always receive DBS clearance or have appropriate employment references sought prior to commencing employment. Regulation 19 (1)(a)(b)(c) (2)(a)(b) (3)(a)(b)

The enforcement action we took:

A warning notice was issued on the 8 February 2016