

Mercie Grace Care Limited

Mercie Grace Care

Inspection report

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18 May 2021
21 May 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mercie Grace Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 45 people were using the service .

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicine Administration Records (MAR) were not always fully completed, and body maps did not always show where certain medicines were applied.

Risks to people's safety were not always assessed and details around the care they required had not always been documented.

Care plans contained some information about people's individual needs, preferences and routines, but more detail was required.

The provider did not always notify CQC of events they were required to by law.

Audits taking place in the service were inconsistent, and did not always identify the lack of information being recorded by staff, or prompt appropriate action.

Safe recruitment practices were followed. Appropriate pre-employment checks were carried out

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.

People told us they were treated with kindness, compassion and respect. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

The registered manager and provider understood their responsibilities and worked in an open and transparent way.

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

Rating at last inspection

The last rating for this service was Good (published 22 May 2019)

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people using the service,

staff recruitment procedures, and oversight. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Mercie Grace Care

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

This inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2021 and ended on 21 May 2021. We visited the office location on 18 May 2021 and made telephone calls to people and relatives on 18 and 21 May 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with three care staff members, the registered manager and the care manager.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment. 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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine administration records (MAR) were not always completed accurately. The MAR we looked at did not always evidence topical medicine administration, or show where on the body certain topical medicines or patches had been administered. This was a risk as all administered prescribed medicines should be recorded to ensure the correct amount is taken, and the correct route is followed.
- Daily notes completed by staff showed these medicines had been administered, but MAR were not always completed.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed, but did not always contain sufficient detail. For example, one person's care routines described how they required staff to change a catheter bag, but the risk assessment and care plan in place did not contain detail about what risks this may present, and how staff should mitigate them.
- Other risk assessments and care plans lacked detail, and covered generic tasks required for people. Care plans did not always contain sufficient information to explain the detail in what was required for each person's safe care. Risk assessments were not always dated, so we could not tell how current the information was.
- The registered manager told us they would be adding the required detail immediately.
- People and relatives that we spoke with, told us they were happy their family members were being safely supported in these areas, and we found no concerns relating to unsafe support.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents, but were not always followed. We saw care notes that described incidents of challenging behaviour displayed by a person. Incident forms had not been completed.
- Staff meeting minutes showed that any issues and concerns were discussed.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. This included checks on identification, right to work in the UK, and a disclosure and barring service check.
- People and staff all felt that staffing levels were adequate within the service, and call logs showed that staff usually arrived as scheduled, however, people told us staff timings were not always accurate. One

person said, "There is never a precise time (staff arrival)". Another person said, "They (staff) don't ever ring".

- Staff we spoke with told us they had enough time to get from one person to another, and sufficient time to carry out the tasks asked of them. The service employed drivers for some staff who did not drive themselves, in order to get from one call to another promptly.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. People and relatives told us they felt safe when receiving care from staff. One person said, "Yes I feel safe, overall the standard is good".

- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- People and their families told us that staff wore the appropriate personal protective equipment (PPE) during the COVID-19 pandemic.

- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for the putting on and taking off, of PPE.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their role and understood the needs of their staff team, however, regulatory requirements were not always fully met. Care plans and risk assessments did not always contain enough detail, and incident forms and MAR had not always been completed. We did not find any concerns relating to unsafe support, but record keeping in these areas required improvement to ensure risks were kept to a minimum.
- Audits and checks had been carried out to check on quality, however, they were inconsistent and did not always find fault or take action promptly. For example, we saw that some people had quarterly audits across their care plans and MAR, but others did not. The registered manager told us MAR and daily notes were supposed to be collected monthly and checked, but this did not always happen.
- Areas within care planning, risk assessment and MAR had not been identified by management as requiring action for improvement.

This lack of adequate documentation in the above areas and detail in care records was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it. Spot checks on staff were taking place to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with told us they were regularly checked on and given the support they required.

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 information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law. Notifications had usually been sent in to CQC, however we found one recent alert that had not been notified as required. The registered manager told us they would ensure future incidents were notified to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. One family member told us, "At the office nothing is too much trouble."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "I have worked in care for many years, and this company is one of the best I've worked for." Another staff member said, "Any issues are logged and actioned."
- Staff told us they put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- Feedback was gathered from people and their relatives. We saw that questionnaires had been sent out to people to gather feedback on all aspects of the service, as well as telephone consultation.
- Team meetings were held to formally discuss the service. We saw minutes of meetings which showed that issues were discussed such as training, COVID-19 testing and communication.

Working in partnership with others

- The service had been working in partnership with the local authority on an action plan of improvement.
- The registered manager and provider were open and receptive to feedback during our inspection.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Medicine Administration Records (MAR) were not always fully completed. Risks to people's safety were not always assessed and details around the care they required were not always documented. The provider did not always notify CQC of events they were required to by law. Audits taking place in the service were inconsistent, and did not always identify the lack of information being recorded by staff, or prompt appropriate action. |