

Merit Healthcare Ltd

# Merit Healthcare Ltd

## Inspection report

Unit 5, BSS House  
Cheney Manor Industrial Estate  
Swindon  
SN2 2PJ

Tel: 01452901975  
Website: [www.merithealthcare.co.uk](http://www.merithealthcare.co.uk)

Date of inspection visit:  
27 June 2023  
07 July 2023

Date of publication:  
17 August 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Merit Healthcare Ltd is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 56 people receiving personal care from the service.

Not everyone who used the service received personal care. The Care Quality Commission (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

Following the last inspection, the provider had taken action to address the breaches of regulation and improve the service. However, further action was needed to ensure improvements were sustained and to improve engagement with staff and professionals.

The management team did not always communicate effectively with staff and health and social care professionals or create a culture that empowered staff. The majority of staff we received feedback from did not feel supported or valued by the management team. Some professionals felt the service worked well with them to meet people's needs. Other professionals felt communication with the management team was not always effective, which had resulted in delays and inconsistencies.

People felt safe receiving care from staff. The provider had taken action to keep people safe and respond to concerns raised. There were effective systems to protect people from the risk of abuse.

People were supported to take medicines safely and staff sought advice from health and social care services when necessary. Staff kept good records of the medicines support they provided to people.

Staff had a good understanding of the support people needed and how to manage any risks they faced. Staff supported people to do as much for themselves as possible and maintain their independence.

The provider thoroughly checked staff before they started providing care for people. People said staff had the skills and knowledge to meet their needs.

The provider had established systems to monitor the quality of service provided and make improvements where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out a focused inspection of this service on 13 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care, good governance, notification of incidents and employment checks.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merit Healthcare Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Merit Healthcare 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 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 homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 27 June 2023 and ended on 7 July 2023. We visited the office location on 27 June 2023 and 7 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service, 7 relatives, the registered manager and 11 staff. We reviewed a range of records. This included 5 people's care and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from 4 health and social care professionals who had contact with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to safely take the medicines they were prescribed. The support people needed was regularly reviewed to ensure people were as independent as possible. Details of the support people needed was set out in their care plan.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take. Since the last inspection the service had developed an electronic system for recording medicines. This enabled the management team to follow up any gaps in recording promptly, to ensure people received the medicines they were prescribed.
- People and their relatives told us staff provided good support for them to take their medicines at the right time. Comments included, "They are very good. There is an app which we have access to, which lists the medication [person] has, and it turns green when they have given it" and "If there are any problems with [person's] medication they speak to us, the GP, the pharmacy and they report back to their head office." A relative of a person who organised their own medicines told us staff regularly checked to ensure the person was managing their medicines safely.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's health and safety were assessed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were completed to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to skin breakdown, moving and handling and risks related to specific health conditions.

- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives had been involved in these reviews. Comments from included, "Yes, they do [manage risks well]. Sometimes [person] is at risk of falls, sometimes they can walk from the bed to the settee, other times they may not have a good night so struggles to walk" and "Yes, somebody comes over to do an assessment. They have been adapting the care on the occasions I've seen them."
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. Staff said they had access to the most up to date information about the care they should provide.

## Preventing and controlling infection

At our last inspection the provider had failed to ensure there were effective infection prevention and control systems. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems to prevent people from catching and spreading infections. These included using relevant protective equipment, keeping up to date with guidance and staff training. Changes had been made in response to updated guidance for community care providers regarding COVID-19.
- People told us staff followed good infection control measures when providing care for them.
- Staff received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely.

## Staffing and recruitment

At our last inspection the provider had failed to ensure they completed criminal record checks and explored staff work history before they were employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider completed a criminal record check and obtained references from previous employers of new staff before they started work. Staff records contained confirmation of their right to work in the UK.
- People and their relatives said most staff had the right skills and experience to provide the care they needed. Comments included, "Oh definitely. I am really impressed with Merit staff, they are lovely people" and "I would say so, yes. Every now and again they come out and do an assessment on [the staff member] and ask me questions."
- People told us staff usually arrived on time and stayed for the full duration of their call. People said they were contacted by the office if their carer was running late.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had effective safeguarding systems. Since the last inspection the provider had changed their staffing and management structure and provided additional training for staff.
- People and their relatives told us they felt safe receiving care. Comments included, "Oh yes, they are lovely people, they really are" and "Yes he does [feel safe], he says they are very nice."



- Staff had a good understanding of what to do to make sure people were protected from harm.
- Staff were confident the management team would take action to keep people safe if they raised any allegations of abuse. Staff knew how to raise allegations directly with other agencies if they needed to.
- Staff were aware of incident recording systems and their responsibilities to report such events. They said they were able to contact a member of the management team if necessary.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to ensure there were effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had re-structured the management team. The registered manager told us they had taken the decision to stop providing a service and re-structure following the last inspection, in order to address the breaches of regulations. They had employed managers to oversee recruitment of staff, quality of care and to manage the business. These changes had helped to ensure the provider had effective oversight of the service.
- People and most relatives said they were happy with the service provided. They felt confident the management team would address any concerns they had. Comments included, "I would simply ring Merit if there was a problem and I'm sure they would sort it out" and "I've rang the office a couple of times [to raise concerns] and it was really good."
- The service used a series of audits, to assess how key aspects of the service were operating. Records demonstrated these audits had identified any shortfalls in the service and how improvements could be made. Actions from the assessments had been followed through to ensure improvements were implemented by staff.
- The registered manager had kept up to date in relation to changes in legislation and good practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team did not always communicate effectively with staff and health and social care professionals or create a culture that empowered staff.
- The majority of staff did not feel supported or valued by the management team. Of the 11 staff that provided feedback to us, 9 raised concerns about support from the management. Concerns related to the

way work was allocated, communication style from the management team and feeling that they were not listened to when they raised issues. None of the staff had concerns about the support provided for people.

- We received mixed feedback from health and social care professionals about the way the service worked with them to meet people's needs. Two of the 4 professionals who contacted us said the service had worked well with them and gone out of their way to ensure people's changing needs were met. Comments included, "Communication was always efficient and friendly and feedback was of good quality" and "The staff have been very understanding and person centred focused to enable a person with very complex health needs to remain at home." However, 2 professionals raised concerns that communication from the management team had been poor at times, which had led to an inconsistent service and a delay in an assessment.
- People and their representatives were involved in decisions about their care. People said they had been involved in developing and reviewing their care plans and felt communication with the management team was good. People and relatives said they would recommend the service to others.

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 had a good understanding of their responsibilities under the duty of candour. This was supported by the policy of the organisation. There had been no incidents that met the duty of candour threshold.