

Kay Care Services Ltd

Merit Homecare

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Merit Homecare is registered to provide personal care to people in their homes. At the time of inspection approximately 328 people were being supported by 124 staff members.

The service was last inspected in January 2017 where it achieved an overall rating of good with individual ratings of good in the five domains.

This responsive, focused inspection was carried out to check any potential risk associated with unsafe medicines management. This was due to CQC had received a notification about a serious medicines error.

As this inspection took place over six months since the comprehensive inspection a rating is not published or changed.

A registered manager was in place. 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.

Systems were in place for people to receive their medicines in a safe way. Appropriate training was provided and staff were supervised and supported. We have made a recommendation that some staff receive further medicines training.

Communication was generally effective to ensure people received safe care that met their needs and to ensure the smooth running of the agency.

A quality assurance system was in place that was quite robust to check the quality of the service provided. However, it had not identified the issue that we found during the inspection. This was rectified immediately by the registered manager. There were systems to enable people to raise complaints and to give feedback about their experiences of care received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This focused inspection was carried out to check any potential risk associated with unsafe medicines management. As the inspection took place over six months since the comprehensive inspection a rating is not published.

However, we have made a recommendation about further training in medicines management.

Inspected but not rated

Is the service well-led?

This focused inspection was carried out to check any potential risk associated with unsafe medicines management. As the inspection took place over six months since the comprehensive inspection a rating is not published or changed.

Improvements were required to some of the quality assurance systems to make them more robust.

Communication was mostly effective to ensure the smooth running of the agency and to ensure people received appropriate care.

A system was in place for people to give their views about the service.

Inspected but not rated

Merit Homecare

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 checked 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 was prompted in part by notification of an incident following which a person using the service died. The information shared with CQC about the incident indicated potential concerns about the risk of unsafe medicines management. This inspection examined those risks. Information received from the relevant authorities after the inspection found the incident and the death of the person were unrelated and there was no causal link between the incident and the death of the person.

This inspection took place on 29 September 2017 and was unannounced. Further evidence was provided by the registered manager to the Care Quality Commission as part of the inspection on 3 October 2017.

The inspection was undertaken by an adult social care inspector.

During the inspection we visited the office and spoke with the registered manager and looked at the medicines policy, the staff training matrix and the recruitment and training records for one staff member. We also viewed quality assurance documentation for the management of the service.

Our findings

Records showed systems were in place for people to receive their medicines in a safe way. A medicines policy was available that provided guidance to staff. It showed it had been reviewed in November 2016 and it was reviewed annually to ensure it reflected up to date guidance. The registered manager told us all staff members received a copy of the policy in the employee handbook that they received when they began working with the service. The handbook contained other policies and procedures necessary for staff to help them carry out their role. The registered manager told us when any changes were made to policies staff were alerted and received a new version that they signed for to show they had read it.

Suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as medicines management. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner.

The agency employed a medicines officer who was responsible for checking systems and records to ensure people received or were supported to take their medicines in safe way. We were told the medicines officer would become involved after the person's initial assessment, carried out by a team leader, had identified medicines support was required. A medicines recording chart was left at the initial assessment by the team leader. When the medicines officer was alerted they put in place more medicines recording charts to ensure people's medicines were recorded after administration or prompting by care workers. Their role was also to check that medicines records were completed accurately by staff. We saw evidence of checks they had completed.

A system was in place to check and carry out a review of the person's care at six weeks, at this stage any deficits would be identified. However, a system was not in place to check after the initial assessment that all required paperwork and checks were in place. We discussed with the registered manager that any deficits would not be identified until the person's review after six weeks of using the service. This was addressed immediately by the registered manager. A check list was produced to be used by the agency to ensure documents were all in place before the person started to use the service.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, a medicines officer had been appointed to strengthen medicines management.

Records showed when staff began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. A staff training matrix showed that a range of courses took place to ensure staff had the knowledge to meet people's care and support needs and to provide safe care. Staff had completed medicines training and the registered manager told us periodic competency checks were carried out. They told us staff were clear about what to do should a medicines error occur, including seeking medical advice.

As part of their induction and before care workers were responsible for administering medicines to people they received medicines training. The registered manager told us and staff training records showed staff received training at two levels dependent upon the needs of the person they supported. Training consisted of medicines awareness, for staff who supervised and prompted people to ensure they received their medicines safely. Staff who were responsible for the administration of medicines to people received more in depth training.

We were told care workers were matched to the people they were to support and they received training specific to those people. However, we considered all staff should receive the same level of training at the minimum of level two to ensure they were equipped to work with any care package at short notice, if the person's regular care worker was not available.

We recommend that all staff should receive medicines training at a minimum of level two to give them a more detailed knowledge of medicines management.

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in January 2017.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example, safeguarding.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager had introduced changes to the service to help its smooth running and to help ensure it was well-led for the benefit of people. They responded quickly to address any concerns and readily accepted any advice and guidance.

Auditing and governance processes were in place to check the quality of care provided and to keep people safe. A quality assurance programme included weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. However, these audits were not all effective. They had not identified that a check was required by the agency when the person started to use the service. This was to ensure that all paperwork was in place and a check carried out to ensure all the required information had been entered on the electronic system. This was addressed immediately by the registered manager who provided a list of additional checks they had introduced to monitor the systems that were in place.

Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the agency. They included health and safety, infection control, training, care provision, medicines management, personnel documentation and care documentation. Monthly incident reports were produced which looked at any trends and themes in reporting of incidents. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. Corrective action had been taken as result of the medicines error and findings at the inspection showed systems were being strengthened to ensure people received safe care.

Communication was mostly effective. Systems were in place to ensure messages were passed between office staff and care workers to ensure the effective delivery of care. Staff meetings took place, e mails and

news letters were sent out as a matter of urgency to communicate information to staff. Meeting minutes and recent news letters showed that any issues were highlighted to staff and to reinforce their role. Due to the recent incident an urgent staff meeting had been called and the registered manager told us another meeting with staff was to take place the following week.

Three monthly visits were carried out by the provider who audited and monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.