

Merit Healthcare Ltd

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Inspection report

Unit A, 13-19 Stroud Road
Gloucester
Gloucestershire
GL1 5AA

Tel: 01452901975
Website: www.merithealthcare.co.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Merit Healthcare Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 30 people at the time of the inspection.

Not everyone who used the service received personal care. 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

Effective systems were not fully in place to monitor the quality of the service being delivered and staff development. We have made a recommendation relating to the recording of governance systems.

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff who arrived on time supported people and stayed for the designated amount of time to deliver the care and support people required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the registered manager and senior carers. The registered manager and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others such as family members to improve the lives for people.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager monitored the delivery of care through staff observations and feedback from people. They were reviewing and implementing the systems they used to monitor the quality and effectiveness of the service such as staff recruitment and performance.

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 requires improvement (published 25 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

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 10 July 2019 and ended on 16 July 2019. We visited the office location on 10 July and 16 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and three staff members and reviewed a range of records. This included five people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with five people and six relatives after the inspection to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in July 2018, we found there had been a failure to maintain accurate and up to date records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection, we found improvements had been made and the requirements of the regulation were now being met.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines and they received their medicines as prescribed.
- The registered manager told us they were reviewing people's care plans to ensure they accurately reflected the support people needed to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with told us they felt people were safe. One relative said, "The staff are excellent. I never need to worry about safety."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people. There were guidelines for staff on how to support people who required assistance with hoisting. We saw risk assessments had been developed in partnership with Occupational Therapists. Staff we spoke with were knowledgeable about the guidelines provided and could

explain how they would support people in a safe manner. Where people were at risk of falling, their falls risk assessment was clear and detailed what support was required to minimise the risk of falling.

- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. Staff ensured they supported people who had diabetes in line with the recommendations made by the health professionals involved in their care.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered manager told us staffing levels were based on people's presenting needs. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "The staff team is consistent, and we have a good relationship with them."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the registered managers observations of staff.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the registered manager and prompt actions would be taken such as additional staff training and a review of people care needs to reduce the risk of repeat incidents. Any changes to people's care and supported would be immediately implemented and shared with staff through a secure communication system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they started receiving support from the service. People and their representatives were involved in the assessment and decisions about their support needs. A copy of people's care plan was kept in the persons home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that they were supported by staff who had been suitably trained to support them. Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's care plans. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff told us the registered manager had an 'open door' policy in supporting staff. The registered manager told us they were in frequent contact with staff either by telephone or in person.
- Staff told us they received regular one to one meetings with the registered manager to discuss work related issues and their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.
- Staff monitored the food and fluid intake of those people who were at risk of malnutrition and dehydration.
- Where people had specific dietary needs because of religion or culture, the staff were aware of these and were able to explain how they would support these people.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health. Staff told us they would contact people's GP or ring 111 for advice if they were concerned about people's well-being. A secure communication system was used

across the service to ensure staff were kept up to date in people's well-being and the support they required.

- Staff told us where possible they were flexible and supported people to attend appointments such as attending the GP or hospital appointments as required.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection in July 2018, there had been a failure to fully adhere to the principle of The Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

At this inspection, we found improvements had been made and the service was now meeting the requirements of the regulation.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People received care from staff who were kind and who knew them well. One person said, "All the staff who visit me are excellent. They really care about me." Relatives also praised the staff and told us the staff were kind and caring. One relative told us, "The staff are very caring towards my mother. I have no concerns."
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. People and their relatives confirmed that they were fully involved in decisions about their care and daily support. One person told us, "The carers always ask me how I like things to be done."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, relatives told us that staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence.
- People and their relatives told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. For example, people told us how staff would ensure doors and curtains were closed when supporting people with personal care. One person told us how staff would wait outside the bathroom to give the person privacy but leave the door ajar so they could respond quickly if their support was required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them well. People told us staff were reliable, flexible and they were supported by the same staff team. This enabled staff to get to know people and their needs well.
- An assessment of people's needs was carried out before a service was provided. The registered manager told us people's needs were monitored by staff and the registered manager.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families.
- Copies of people's care plans were held securely in the provider's office and in people's own homes so that all staff including on call staff always had access to people's care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. For example, people's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions.

Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. Information of the provider's complaints procedure was shared with people when they started to receive a service.
- We reviewed the complaints file and identified that complaints were investigated, and action taken in line with the provider's policy. The registered manager had responded to complainants with their findings of their investigations and provided an apology and explanation.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager told us if

people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.

- The registered manager told us they would seek advice and support from the people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.
- The registered manager was taking steps to ensure all staff received end of life care training to ensure that they had the skills to support people if they required end of life care.

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 Requires Improvement. At this inspection this key question has remained Requires Improvement.

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.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection in July 2018, there had been a failure to provide good governance to ensure the safety and quality of service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- Following our last inspection of the service, the registered manager told us they had developed quality assurance systems. However, we could not be assured that all of these systems had been fully documented and implemented to ensure people always received good quality care.
- A medicines audit had been developed to enable the registered manager to check whether people were receiving their medicines as prescribed. However, these audits had not been recorded. The registered manager told us they were auditing care plans, but these had also not been recorded. This meant that although the registered manager was able to track issues on an audit by audit basis, they did not have any process or audit trail which would allow them to monitor quality over a longer period of time. This meant they could not be assured that they would be able to fully identify and address any trends or issues which were developing over a longer period of time. For example, they had recognised that not everyone's medicines care plans contained clear guidance around the support people required with their medicines. Although, this had been identified, the lack of recorded audits meant there was no plan in place to detail how these shortfalls would be addressed.
- In the case of care plans, although staff and the registered manager were reviewing people's care, the associated care plan had not always been updated to reflect people's current level of need. Due to the lack of a documented audit trail, although the registered manager had identified the issue, it had been missed in the next audit and as a result corrective action had not been taken to ensure people's records were accurate and up to date. For another person, their care plan still reflected their old care schedule which had changed due to a change in their needs.
- The registered manager had had implemented spot checks of staff practices, worked alongside staff and

obtained regular feedback from people to assist them in having some understanding of the quality of care people received while the service developed.

- We discussed our concerns with the registered manager who told us they would be reviewing their quality assurance systems after the inspection to ensure they enabled effective monitoring of the service.
- Further time was needed for the quality framework systems to be fully developed and for the registered manager to assess if the systems being implemented were effective in monitoring and improving the service.

We recommend the provider consider current guidance on effective recording of governance systems to assist them in monitoring the service.

- The culture and values of the service were clearly embedded in staff practices and their approach when supporting people. People and their relatives told us that they received care which was person-centred and tailored to meet their individual needs.

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; continuous learning and improving care

- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly. The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff understood they must provide person-centred care which centred on people's individual care and diverse needs.
- The registered manager also supported staff during care calls and took this opportunity to speak with people using the service to check if they remained happy with the service they received.
- Quality assurance surveys had been sent to people and all the results received were positive. Plans were in place to extend the survey to staff and other stakeholders such as health care professionals. We were told that feedback from our inspection, people, staff and other stakeholders were important to the service as people's comments and experiences helped the management team to shape the future of the service.
- Staff told us that staff meetings took place on a regular basis and they felt supported by the registered manager. Staff told us they registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.
- The service had been responsive and had worked in conjunction with the local authority commissioners and CQC to address concerns raised about the service. Although action had been taken to address the majority of the concerns from the last inspection, further work was required to ensure an effective quality assurance system was fully implemented.