

Meridian Community Care Limited

Dover

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 September 2016 and was announced.

Dover care agency provides care services to people in their own homes in and around Dover in Kent. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. Staff also supported multi agency approach to dignified end of life care with other health and social care professionals. There were 27 people using the service.

There was a registered manager employed at the service. 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. However, the service was managed day-to-day by a service manager.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The service manager was supported to manage the service by a care supervisor. They assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The service manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The service manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe

recruitment practices included background and criminal records checks prior to staff starting work.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and the service manager checked staff administered medicines safely.

The service manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place, which ensured people would be listened to and treated fairly if they complained. The service manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

There was very low staff turnover. Staff felt well supported by service manager and the care supervisor. People and staff were happy with the leadership and approachability of the service's service manager and the providers of the service. The providers often visited the service, attended staff meetings and also went out and delivered care if needed. They had a clear quality based vision of the service they wanted to provide and understood how to achieve this. Audits were effective and risks were monitored by service manager to keep people safe.

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.

People told us they experienced safe care. People's risks assessments were relevant to their current needs.

The service manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance.

New staff received an induction. Training for all staff was kept up to date. Staff had completed training in the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management.

The service manager and providers were keen to hear people's views about the quality of all aspects of the service.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Dover

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 30 September 2016 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager and service manager were often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of an inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We made telephone calls to four people and spoke to their relatives who lived with them about their experience of the service. We spoke with one relative at the Dover office. We spoke with six staff including the registered manager, service manager, care supervisor and three care workers to gain their views about the service. We also spoke with the providers and we asked two health and social care professionals for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 16 July 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they had confidence in the service and felt safe when staff were in their homes delivering care. All said that the carers respected their homes and possessions. They said, "I do feel safe, I have a very limited number of carers as I cannot cope any other way and this is respected, so I do feel very safe as I know them very well." And, "I work alongside the carers. I am the second person, we work as a team. I have remained a large part of the care, I could not manage with out there help every day."

People had consistent care from a small team of regular staff. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. People said, "The staff are always on time, they are brilliant but if they were going to be late they would let me know." And, "I have the same two carers all the time. One is permanent, the other fills in if they are not available, failing that the manager comes round herself." People confirmed that the service manager kept them informed of staff changes, for example due to sickness, or if staff were running late.

Staff followed the provider's medicines policies and the service manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff in the field.) The majority of people were independent with their medicines, but they were protected as the service had up to date medicines administration procedures in place and provided training for staff so that if they were asked to take on the administration of medicine for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

People were protected by staff who understood their responsibility to record the administration of medicines. People received their medicines at the prescribed times. This was recorded on the medicine administration record (MAR). The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. For example, creams that were regularly applied by staff as part of people's hygiene routines had been recorded with date, time, and type of cream and signed off by staff. Through mentoring sessions, staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

The service manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.

Staff received training about the risks relating to their work. The service manager had ensured that risks relating to people's individual needs had been assessed and that safe working practices were recorded and followed by staff. For example, people had been assessed to see if they were at any risk from falls or not

eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

The service manager had comprehensive policies about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the service manager and steps would be taken to prevent them from happening again.

People were protected from the risk of receiving care from unsuitable staff. The service manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process. The service manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The service manager and registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The service manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People's close relatives and main carers said, "The staff know what I have help with, but they always chat before they start, as some days I am more able than others." And, "Sometimes the staff will talk to me about my condition, if I am not feeling well, they do everything they can to help me." Another person said, "Staff encourage me to drink, they have a drink with me before they go, and they wash up and clear everything away before they leave."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Staff said, "Every person has a care plan, these are useful and detailed." Care plans were left with people at home for staff to follow and staff and people's relatives confirmed to us that these were in place and kept up to date. People's relatives told us that staff followed their care plan and we saw that this was checked by the service manager through spot checks on staff. (Spot checks enable the registered manager to visit people at home whilst the care is being provided so that they can confirm staff are meeting people's needs effectively.)

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, staff were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided respite care. Staff told us how they did this in line with people's assessed needs. Staff described to us how they prepared food/snacks and drinks for people. Food hygiene training was provided to staff.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The service manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the service manager at the end of their induction to ensure they had reached an appropriate standard.

The service manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The service manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people. The service manager also provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by a service manager at work and were provided with guidance about their practice if needed. The service manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the service manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and service manager gave guidance to improve staff knowledge.

The service manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. People said, "They (staff) just really care about me which is so nice." Other comments included, 'The staff are very kind and compassionate they really are, I could not do this without their help.' And 'The staff are amazing they totally treat me with respect, they are so kind nothing is ever too much trouble.' People's satisfaction with the service they received was high.

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. One person said, "The staff are wonderful, they aren't bossy, they totally take care of me the way I want them to and at my pace, they do little things too. I like a caned drink, they always leave me one open, they know I can't open them. They always ask is there anything else you need before I go. I can't praise them enough."

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged people to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled people to check they were receiving the agreed care.

The service manager was interested in what people thought of the service so that they could check people were happy or if changes needed to be made. People and their relatives had been asked about their views and experiences of using the service. We found that the service manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The service manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the

registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. People said, "They (staff) know exactly what I need them to do, all of them do, but if something needs to change, I need a bit more help now as I am not as good as I was they are happy to do that too." And, "Yes the manager comes in some times and does my care and talks to me about if I am happy and whether I want to change anything."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were discharged from hospital, they may be less mobile and their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

There was evidence that when people started using the service their risk assessments were completed as a priority. The service manager and care supervisor worked as people's carers for the first few days. This gave them the opportunity to fully understand people's needs. Detailed care plans were put into place as soon as people started using the service. The service manager had completed an assessment with the person and/or their families. Adjustments were made for people's individual needs. This meant that people received individualised care and that staff received in depth guidance about delivering care.

Records showed that people had been asked their views about their care. One person said, "The manager comes round and goes through my care plan and checks all is ok, she has done that twice since I started using them in January." People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and the service manager reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. A good example of this was a recent incident where they had called 111 for a person who felt unwell. Staff remained in contact until they had received confirmation that a community nurse had arrived for the person.

There was a policy about dealing with complaints that the staff and service manager followed. This ensured that complaints were responded to. There were examples of how the registered manager and staff responded to complaints. There had been one complaint so far in 2016. This had been logged, investigated and the outcomes recorded.

There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The service manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

All of the people we spoke with were very satisfied with the management of the service. One person said, "As far as I am concerned the service is extremely well run." Another said, "This service is excellent and very well managed. I think that is because the service manager and care supervisor still come out and do calls themselves, they know what the staff have to do and how long that takes, they do not put unreal expectations on to the staff."

The service manager and care supervisor were proactive in ensuring they were well known by people and staff. This meant they were easily approachable. Staff said, "If we have any issues we just call the office and speak to the service manager or care supervisor." And, "The manager is very supportive, I have no problems at all."

The service manager ensured audits of the service quality had been carried out. These audits assisted the service manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the service manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risk were minimised by assessment and policies.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The providers set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. Staff received training and mentoring to enable them to deliver the service to the expected standards. The service manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the service manager, who wanted to ensure they maintained the quality of the service for people.

Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their manager. Staff comments included, 'The service manager is good to work for, very approachable.'

The service manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. The service providers took a keen interest in the quality and experiences of people who used the service. One of the providers has a nursing qualification and they support the management team with training, skills development and oversee the care for people with more complex needs. For example, people who are receiving end of life care.

The management also updated their own skills and learning. For example, the service manager was qualified to deliver moving and handling training. Team and individual skills development led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff

spoke about the importance of the support they got from senior staff and the providers especially when they needed to respond to incidents or needed to speak to the registered manager for advice.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The service manager and registered manager were proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.