

Mercyland Care Limited

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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 23 May 2018 and was announced. During our last inspection on 24 August 2016 we found the provider was in breach with Regulation 17 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010. The provider failed to maintain records in relation to persons employed in the carrying on of the regulated activity. The provider was also in breach with Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010. We found the provider failed to operate an effective recruitment process to ensure that staff were of good character, had the qualifications, skills and experience which was necessary for the work performed by them.

The provider sent us an action plan following our inspection in August 2016 telling us that they had taken the appropriate actions to address the breaches and that they were no longer in breach with the regulations.

We found during this inspection that the provider had undertaken appropriate checks of new prospective staff employed to ensure they were of good character, had the qualifications, skills and experience required to work and support people who used the service.

Mercyland Care Limited is a domiciliary care agency. It provides personal care to ten people living in their own houses and flats in the community. It provides a service to older adults some of them may have dementia. Not everyone using Mercyland Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Since our last inspection the provider has moved the location to a new office building, the registered manager told us that this was to reduce costs and due to issues, they had with the previous landlord.

A manager was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found that appropriate systems, processes and practices were adhered to ensure people who used the service were safeguarded from abuse. Risk to people was assessed and management plans were put into place to ensure people were not at risk of receiving unsafe personal care. People told us that the agency provided sufficient staff suitable to meet their needs. Where people received support with medicines appropriate systems were followed to ensure the proper and safe use of medicines. Staff followed appropriate infection control procedures to minimise the risk of spreading infections. Since our last inspection, Mercyland Care Limited did not have to deal with any incidents or accidents in relation to carrying out the regulated activity, but we were told by the registered manager that any accidents and incidents would be discussed during care workers meetings.

New prospective people who used the service had been assessed to ensure the service was able to meet people's needs. Care workers had access to a wide range of training and were supported to develop their skills and knowledge to deliver effective care. Where required people's dietary needs were documented in their care plans and appropriate care was provided to people who used the service. Care workers would contact emergency services if required. People who used the service had a designated representative if this was required to ensure consent was sought in line with legislation and guidance.

People who used the service told us they were treated with kindness and respect. We saw that people and their relatives could express their views and were actively involved in making decisions in relation to their care. Care workers told us that they ensured people's privacy, dignity and independence was respected and promoted.

People received personalised care that was discussed and planned with them or their representative. People who used the service were encouraged to raise concerns and complaints, which was used to improve the quality of service.

People who used the service and care workers told us that the registered manager was approachable and listened to what they had to say. They described the organisation's culture as open, transparent and inclusive. The provider had an effective quality assurance system in place. People who used the service and care workers were regularly engaged to comment on the service provided to drive improvement and promote good quality care.

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 safe. Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people and there were sufficient staff available to meet people's assessed care needs.

There were appropriate arrangements for the management of medicines.

Good ●

Is the service effective?

The service was effective. Care workers were supported through regular training, supervision and appraisal.

Needs of new people were assessed to ensure they were met by care workers.

Peoples rights under the MCA 2005 were protected.

If required people were supported to manage their hydration and nutrition.

People were supported to manage their health care needs if required.

Good ●

Is the service caring?

The service was caring. People who used the service and relatives described the staff as kind and caring.

People who used the service told us staff treated them with dignity and respect.

People who used the service and relatives were supported to contribute and get involved in their care.

Good ●

Is the service responsive?

Good ●

The service was responsive. People who used the service received personalised care, which was based on their assessed needs.

Policies and procedures were in place to deal and respond to concerns and complaints.

Is the service well-led?

The service was well-led. Care workers spoke positively of the culture and values of the service.

The registered manager carried out several quality control checks to monitor and improve the standard of care provided.

The service sought feedback from people who used the service.

Good ●

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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 23 May 2018 and was announced. The inspection was completed by one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 May 2018 and ended on 29 May 2018. It included assessing records at the providers office and telephone calls and interviews with people who used the service, relatives and care workers. We visited the office location on 23 May 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

At this inspection we spoke with three people who used the service, one relative, two care workers, one care coordinator, the registered manager, the training and recruitment manager and the nominated individual.

We also spent time looking at records, which included the care records for four people. We looked at the recruitment, supervision and appraisal records of four members of staff, a full staff training matrix and other records relating to the management of the agency.

Is the service safe?

Our findings

At the last inspection on 24 August 2016 we found there was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was regarding the provider failing to establish and operating an effective recruitment check, which ensured staff were of good character and had the qualifications, skills and experience which were required for the work to be performed by them.

During this inspection we found robust recruitment practices were followed to make sure new care workers were suitable to work in the service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

People who used the service and care workers told us that sufficient care workers were deployed to meet people's needs. People who used the service provided positive feedback about care worker's reliability and punctuality. People told us that they received support from the same care workers and that they were very happy with the service. Comments received included, "My carer is usually on time and if she is late she will let me know, by giving me a call" and "I have the same girl, unless she is on holiday."

All staff employed at Mercyland Care Limited had received safeguarding adults training. Care workers spoken with could tell us about the different forms of abuse and what they would do if they noticed something of concern. One care worker told us, "I would call the office if I notice something which is not right, but I can also report it to you [Care Quality Commission] or the police." Training records demonstrated that all care workers had completed safeguarding adults training this year and had been booked onto annual refresher training courses to ensure their knowledge was updated in line of changing legislation.

People spoke positively about staff keeping them safe always. One person said, "I have no problems with the girl visiting me, she is excellent and makes me feel safe and secure." Relatives gave us their views about the service delivering safe care. One relative said, "They have a very good relationship and at no time I ever felt that my relative is not safe with [care workers name]."

Potential risks to people and staff had been identified and mitigated through detailed risk assessments. For example, we saw a risk assessment regarding one person's risk of falls. This included detailed guidelines on how to respond should this occur and what to look out for to reduce trip or falls hazards. Specialist equipment used in people's homes was checked to ensure it had been serviced and was safe to be used. Staff received training in all relevant aspects of care and their competency was confirmed through observation, before they could carry them out.

The service had a robust procedure for managing people's medicines where support with this was part of the care package. Records showed the system was used and monitored. The registered manager told us that currently none of the people receiving the regulated activity, personal care, required support with medicines. However, we found that care workers had received training in medicines support and told us that

they felt confident to support people with their medicines once this was requested.

The service provided staff with training on infection control and any necessary personal protective equipment. The competence and ongoing practice of staff regarding infection control were assessed and monitored as part of spot check visits to ensure standards were maintained. Care workers told us that they can always pick up gloves and aprons at the head office.

The registered manager told us that since our last inspection no accidents or incidents had happened. However, she told us that the provider had a central record of all accidents and incidents which included a check of the reporting required and details of the action taken in response to the issue.

Is the service effective?

Our findings

People we spoke with told us that the staff that came to their homes to support them were competent, professional and knowledgeable about their needs. One person told us, "They do have training, and know what they are doing, I am very happy with my carer. I couldn't do without her." Another person said, "My carer is excellent, she does what I want her to do." One relative told us, "I am very happy with the carer, I couldn't look after my mum any better."

The registered manager explained that people's care and support needs were always assessed prior to their care package starting. This was so that they could determine the help and support that each person required. Records looked at confirmed this. Before anyone received support from the agency, the care coordinator completed an assessment of people's individual needs and produced a written plan of care and support. This contained information to guide care workers to ensure people's needs were met effectively. People who used the service told us, "[Staff name] came around to talk to me about the care I need and we discussed it together."

We asked care workers if they received sufficient support to carry out their role effectively. All the staff we spoke with told us they felt supported through supervisions and training. They also told us that they felt able to approach both management and peers with any issues they had. One care worker told us, "I can speak with [manager] about anything and she is very helpful, so is everyone at the office." The care coordinator said, "I am very happy working for Mercyland, they are very supportive and there is always training available."

Care workers received regular supervisions and an annual appraisal. Staff records we viewed and care workers we spoke with confirmed this. Care workers received a 5-day induction which included completing 'The Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that staff had the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

The provider sent us the training matrix following our visit to the office. The training matrix showed that regular training was provided to care workers and staff across a range of areas which included; safeguarding, moving and handling, infection control, food hygiene, health and safety and medicines management. We also found certificates on care workers' files when we reviewed a sample of them. We also saw that in addition to the mandatory training provided care workers were provided with specialist training in areas such as catheter care, peg feeding and incontinence. This was dependent on the needs of the people care workers visited.

People's nutritional needs were met. People told us they were involved in making choices about the food or drink they wanted and care plans included details about their preferences and specific dietary needs. A relative told us, "I usually sort out the food for my [relative], but on the odd occasion [carer] will give relative food, this has never been an issue."

Records showed the service worked and communicated with other agencies. This meant effective care and support was provided which promoted people's health and well-being. People were supported to access health care professionals as required and their health needs were documented and updated. One care worker told us, "I would call the GP if I think something is wrong, but usually it is the relatives who deal with doctors appointments."

Where people received support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. We found in one of the care records where a person lacked capacity that the relative had applied and had been granted a Court of Protection order to act on the person's behalf. Care workers told us that they would always ask people if they were happy with the care provided and if they required any other support.

Is the service caring?

Our findings

People and their relatives told us that care workers were kind and had a caring approach. Comments from people included, "My carer is helpful and we have a good relationship," "The care provided is good and I am very happy with it" and "I pay for the care myself so I can choose who is caring for me."

Care workers we spoke with showed a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Care workers knew about people's care needs and could explain people's preferences and daily routines. People who used the service told us that they liked the carers and that they knew exactly what they wanted. One relative told us, "We have always had the same carer, which is excellent she knows my relative very well and they have a great relationship. The carer also speaks my relative's language and understands our culture very well."

Care workers understood how important it was to ensure they respected people's privacy, dignity and encouraged people's independence. The care coordinator explained to us that people who used the service were asked their preferred gender of the care worker. People who used the service told us staff respected and protected people's dignity. One person told us, "My carer is always closing the curtains to make sure nobody can see me." Care workers told us that they encouraged people to maintain their independence. For example, one care worker told us, "When I help [person's name] I always let her do the things, I know she can do."

Care workers told us that they had enough time between visits, which allowed them to spend time with people and listen and talk to them. People who used the service told us that they had been involved in decisions about their care. People told us that they were involved in the planning of their care and that their opinion mattered and was taken into consideration. For example, one person told us, "The manager visited me to talk with me about my care, I was able to tell her what I want."

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that considered any impairment which affected their communication such as hearing loss and delayed speech. For example, we saw in one care plan that the person communication needs had been recorded and guidance was provided in how to support the person around this.

Is the service responsive?

Our findings

People who used the service told us that they had been involved in the planning of their care. One person told us, "[Persons name] came from the office and we talked about what I want them to do." Another person told us, "I have a folder in my house with all the important information."

Care plans were based on the initial assessment carried out by the agency. Once all the relevant information had been obtained, a plan of care was produced. The plans of care we looked at were comprehensive and included people's preferences in how they wished their care and support to be provided. Plans of care were reviewed every six months or sooner if the person's needs or circumstances had changed. One person told us, "After I came back from the hospital we discussed my care plan again." This meant that the plans of care accurately reflected people's current support needs and how they wished their care to be provided.

People who used the service told us that they received the care and support they needed. They told us that they had regular members of the staff team who supported them. One person told us, "One of the reasons I am with Mercyland is that I always have the same carer, she knows me and we have a good relationship." Information in questionnaires returned prior to our visit told us that support workers did always arrive on time for people's care calls or stay the correct amount of time.

People who used the service told us that care workers had sufficient time to support them. One person said, "I have never seen [carers name] watching the time, she always stays as long as I need her and all the jobs are done."

The provider had a formal complaints process in place and this, along with the office contact details, was included in the information held in people's homes. People we spoke with knew what to do if they had a complaint or issue of any kind. One person told us, "I have no concerns or complaints, but if anything is wrong I would call the office and speak to [manager]." Since our last inspection the provider had not received any complaints.

Is the service well-led?

Our findings

At the last inspection on 24 August 2016 we found there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider failed to maintain records as necessary in relation to persons employed in the carrying on of the regulated activity.

During this inspection we found that the provider followed a robust recruitment procedure and all required records and documents were in place for people employed by Mercyland Care Services and carrying out the regulated activity.

People and their relatives all told us they thought the service was well led. One person said, "Yes, it is very well managed." Another person said, "As far as I can tell it is very well organised. We have never had to wait for carers to arrive." A relative said, "They are great, they always communicate well with me. I can't fault them."

The registered manager and nominated individual were present during the inspection and supported us with our requests to view documentation and answer any questions we had in relation to carrying out the regulated activity. They supplied us with records requested quickly, and the office was well organised and records maintained and stored securely. During the inspection, the management team displayed openness and transparency towards the evidence we presented to them and were proactive in their response to our findings.

Care workers we spoke with told us the registered manager, care co-ordinators and field supervisors led by example and clearly communicated to them their vision and values for the service. The provider's mission was to deliver creative, innovative and person-centred care. Care workers were clear about the mission statement and evidence seen during this inspection confirmed that the provider implemented their ethos and mission in practice. Throughout our inspection, we found evidence of these values in practice, through conversations with people, relatives, and care workers and within care records.

Care workers spoke highly of the way the service was run. One care worker said, "It's a good agency to work for, they make sure we have regular meetings, once a month. They always provide food for the meetings. It's a little bit like celebrating what we do." Another member of staff said, "The communication is excellent, I always know what is expected of me

The provider had developed a quality assurance system which incorporated a wide range of audits, feedback, and monitoring against objectives. Office staff regularly contacted people who used the service and relatives and ask them for feedback about the care provided. Field supervisors visited people who used the service and undertook unannounced spot-checks of care workers during which they observed the care, including assessments of care workers' working practice, their interactions with people who used the service, and knowledge of care plans.

People were asked their views on the staff member, the service they received, and for improvements which

could be made to their care package. This was done during quarterly phone calls carried out by office staff. The spot-checks enabled the service to assess the standard of staff conduct, record keeping and quality of care to ensure they met the high standards set by the service.

Staff attended regular staff meetings where they had the opportunity to discuss the service and to contribute to future plans for improvements.