

Meridian Business Support Limited

Meridian Business Support Bristol Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 25 October 2016 and was announced. We gave the service short notice of the inspection. This was to ensure that staff and people who used the service were available to meet with us. It was also so that staff could be available. This was the first inspection of the service since it was registered with us.

Meridian Business Support Bristol Branch is registered to provide a domiciliary care service to adults in their own homes. At the time of the inspection there was one person using the service. The provider does not intend to expand the service.

There was a registered manager for 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.

The member of staff who supported the person who used the service was not being formally supervised in their work. This meant the member of staff was not being given opportunity to discuss their performance and development needs. This in turn could also impact on the overall quality of the service and care provided.

The registered manager had not kept their training up to date in subjects relevant to the needs of the person who used the service. This could impact in a negative way on how the service was being managed. This was because there was a risk that the registered manager may not fully understand the needs of the person being supported by the service.

A clinical manager had been appointed to assist in the running of the service. They had been in the role since May 2016. They had carried out two clinical care audits since they started working for the provider, to make sure clinical care was delivered in a way that met the person needs.

The member of staff knew what abuse was and they were aware of how to report any concerns if they had them. There were systems in place to minimise risks to the person and to keep them safe from abuse.

The person's relative spoke highly about the staff member and the way they supported them with their family members needs in their home. They said they always felt safe in their company. The relative said that the staff member was very kind and caring in their manner. They also said they were able to engage with the staff member in a positive and warm way which they valued.

The person's relative had positive views of the care and support they received from the staff. They told us the staff member was, "Absolutely brilliant", when describing how they supported their family member.

The person's relative told us that care was planned in a way that was flexible for them. Visit times were planned when possible at the convenience of the person and family. Care records explained in an informative way what actions to take to assist the person effectively so that their care needs were met.

The staff member was able to take part in a variety of training and learning opportunities. This meant the member of staff was properly trained to meet the needs of the person they supported.

The member of staff had an understanding of the visions and values of the organisation and said they followed them in their work. The values included a making sure that the person who used the service was always provided with personalised care and treated with respect at all times.

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.

The person received care and support from staff who knew how to protect them from abuse.

Visits to the person who used the service were of enough time to provide safe care.

The provider had a system in place to recruit safe and suitable staff.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

The staff member who worked with the person who used the service was not being formally supervised on a regular basis. This meant they were not being developed in their work. It also meant there could be a risk that the care provided was not suitable.

The person's relative felt the staff provided care that was of a high standard that fully met their family member's range of care and support needs.

The member of staff who supported the person understood the legal requirements of the Mental Capacity Act 2005.

The staff member was trained to provide effective care for the person who used the service.

Is the service caring?

Good ●

The service was caring.

The person's relative said that staff were caring and kind at all times in their approach towards the person they supported.

Staff knew how to support the person with their range of needs in a respectful way that also maintained privacy and dignity.

The person's relative told us that the staff knew their family

member well and understood how to meet their needs in the ways they preferred.

Is the service responsive?

Good ●

The service was responsive

The person's relative was very positive about the service. They said care was planned in a way that was flexible to the needs of the person.

The person's relative understood how to make a complaint or raise a concern. There were systems in place to proactively seek the views of the person's relative and others involved in their care.

Care records clearly explained what actions were needed to support the person to meet their care needs□

Is the service well-led?

Requires Improvement ●

The service was not well led

The registered manager was not up to date in training on subjects relevant to the needs of the person who used the service.

A senior clinical manager had put in place a system to check on the quality of care. The person's relative was involved in this process and the feedback they gave was positive.

The organisations visions and values were understood by the staff member who provided the care. These included providing person centred care and treating the person with respect at all times.

Meridian Business Support Bristol Branch

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 25 October and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection. At the time of our visit there was one person using the service. The service does not intend to expand or increase numbers.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

One inspector carried out the inspection. There was one person using the service, who due to their complex needs was not able to talk to us. We spoke with the person's relative. We also spoke with the member of staff who provided the care and support to the person as well as to a senior clinical manager.

We looked at one person's records that related to the care and support they received. We also looked at records to do with the management of the service. These included staff training and supervision records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

The person's relative told us they knew what to do if unhappy in any way about the member of staff. They said they could contact the registered manager or any of the senior staff. They also said they had never had any reason to do this. They told us "The staff member is brilliant and X gets on with them really well."

There was copy of a procedure and other relevant information to guide and assist staff to know how to keep the person safe from abuse. Information in training records confirmed staff had been on training courses to learn more about the subject of safeguarding vulnerable adults.

The person was supported by staff who knew how to keep them safe from abuse. The staff member was aware of the agency's procedure for safeguarding the person from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was available to them in the event of an allegation of abuse being made. The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date with contact details for the organisations the person's relative would use if they needed to report concerns.

The registered manager and staff member kept a record of incidents and occurrences that had happened. Staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk had been identified. For example, an up to date risk assessment was in place to support the person because they were at risk of choking when eating.

The person's relative told us they felt there was enough staff to support them safely at each visit. The staff also told us there was enough staff on duty to provide safe care. The registered manager told us that they tried to use staff who knew the person well if cover was ever needed at the last minute.

The member of staff told us that the family supported the person with their medicines. This was confirmed by the person's relative and by the information in their care records.

There were checking systems in place to monitor the safety and suitability of the person's home. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep the person safe. For example, when the person needed support with bathing, action was taken to ensure there were no hazards such as water being too hot.

There were a range of checks carried out to make sure potential new staff were suitable to work for the agency. These were completed before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed to make sure the staff member was suitable to work with people who are vulnerable.

Is the service effective?

Our findings

We found that there was no regular formal supervision system in place for the member of staff providing care and support to the person. Staff supervision is a system that aims to support staff and help them improve how they are performing in their role. The records we saw showed that the staff member was not receiving regular, on-going supervision sessions. This meant that the staff member was not receiving appropriate support and guidance to enable them to fulfil their job role effectively.

Staff had an appraisal with a supervisor to review their overall performance over the previous year. The record showed that the overall quality of the staff member's work at the end of the year had been reviewed with them.

The person's relative had positive views about how the person was supported with their care needs. They told us that the staff member was "Absolutely fantastic she is really in tune with what is needed. She is worth her weight in gold and she has made such a difference for us all."

The person was supported with their care by staff who knew how to meet their needs effectively. The staff demonstrated in discussion with us they had a very clear understanding of how to effectively support the person. The staff told us they read the person's care records when they visited them and at each visit if the person's needs had changed. They said they were told by the office staff and by the person's family when it had been updated, if the person's needs had changed.

The person was supported to eat nutritious food and drink that they enjoyed. The person's relative told us the member of staff assisted their family member to eat and drink. The staff member told us the person's meals were blended for them by their family. This was to make sure the person could eat them safely.

Is the service caring?

Our findings

Feedback from the person's relative was very positive about the caring attitude and approach of the staff member. They told us that they were "Brilliant, she laughs with X and they really like her." "They went on to say more about the staff member, "I haven't got to worry, I'm quite happy when she is with X."

The person's relative told us that the staff who visited them were always respectful and supported them in the way they wanted. Care records showed the person's relative had helped to plan what sort of care and support they received. For example, what time their visit took place and what gender of staff they wanted to have support them.

The staff member told us the importance of person's centred care had been discussed with them and they had been on training on the subject as well. Person centred care means that the person should always be treated as a unique individual.

The staff member gave us examples of how they ensured they provided care in this way. They told us what social activities the person found stimulating, they also told us about their preferred daily routines such as what time they woke up and went to bed.

Staff knew the person and their family very well and told us they how much they enjoyed their work with them. The staff told us that one of the aspects of their work they valued the most was building up a warm and caring relationship with the person.

The member of staff said that information about independent advocacy services could be made available for the person if needed. These services provide independent support to the person to make sure their views are properly represented. The member of staff also told us their role included offering extra support if the person was in hospital. They told us of an occasion when they helped the person and family to make their views heard by hospital staff.

The diversity of the person was respected by staff, as care records included information about the person's faith. Care records included information that explained why the person would require care from staff of the same gender.

Is the service responsive?

Our findings

The person's relative told us they mostly saw the same staff member except in exceptional circumstances and they knew who was due to visit them. The person's relative also told us that they were able to plan and book the visits to their family member with the staff member directly.

The senior manager also told us visit times were adjusted if the person was unwell and needed extra support.

The persons' care plans were person's centred and contained information for staff on their needs wishes and preferences. The care record also explained how to support them to keep some independence in their lives and stay in their own home.

The care record covered areas such as; help with bathing, social needs and mental stimulation, improving mobility, and eating and drinking. A detailed summary of the care plan was shared with the person's relative. The care records explained very clearly how to support the person and what challenges to their wellbeing they may face. Care records also showed that the person's relative changed the type of care that they requested depending on how the person was feeling. The care record also explained any potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk.

The person's relative told us they felt confident they could make a complaint to the manager or any of the staff. There had been no complaints made about the service. However, the person's relative told us they would not hesitate to complain if they were unhappy in any way.

The person's relative told us they were given their own copy of the provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that the relative could contact the right person to make a complaint. The procedure was available in an easy to read format.

The person's relative told us they had been given information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. The information the person's relative was given was clear and it fully explained in detail the services the agency offered. This information meant the person's relative was able to make an informed choice about whether the agency was suitable for their needs.

Surveys were sent to the person's relative at least once a year to find out how they felt about the service. The last survey had been very positive and no actions were needed following on from it.

Is the service well-led?

Our findings

When we looked at the registered managers training records we found that they had not kept themselves up to date in training on subjects relevant to the needs of the person who used the service. This meant the registered manager did not ensure they were suitably qualified to meet the needs of the person using the service. They had done training on a range of subjects in 2013. They were due to update themselves on subjects such as safeguarding vulnerable adults and children from abuse and health and safety in 2015. However, this training had not taken place. This meant the registered manager may not be up to date with best practise and current guidance.

A senior clinical manager who had been in post since May 2016 had carried out a review of the care and support the person received in August 2016. This was to make sure that this was accurate up to date and properly reflected the person's needs.

Health and safety audits and quality checks on the care the person received were undertaken regularly in their home. Actions were implemented where risks and improvements were needed.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their manner with the person, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported the person they visited.

The service used an online system to track the times the staff member arrived at the person's home and how long they spent with them. The clinical manager told us that they found the monitoring system useful as it allowed them to track if visits were completed in the allocated time.