

Meritum Integrated Care LLP

# Meritum Integrated Care LLP (Maidstone)

## 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

### About the service

Meritum Integrated Care LLP (Maidstone) is a domiciliary care service registered to provide personal care for older people, people who live with dementia, people who have learning disabilities or autistic spectrum disorder and people who misuse drugs and alcohol. At the time of our inspection 60 people were receiving personal care.

### People's experience of using this service and what we found

People and their relatives were positive in their feedback about the agency and said they would recommend them to others. Comments from people included, "They're very good, I have two carers and they're both very good. They're kind and considerate and we have nice chats" and "They're kind and caring; they talk to me as an individual and we have good banter." A relative said, "We're very happy with them. We like having the same carers each time; it's important to have continuity when someone has dementia."

People felt safe with the staff, and were confident staff knew them well, and, knew how to meet their needs. Potential risks posed to people and staff had been mitigated. Internal and external risks within people's properties had been assessed. Action was taken to reduce the reoccurrence of accidents.

People received their medicines safely. Staff had been trained, had their competency assessed and followed individual care plans for medicines. People's medicine records were audited by a member of the management team.

People were provided with consistency and continuity of care with the same staff team. Staff had been recruited safely with checks in place reduce the risk of unsafe staff working with people.

People's needs were assessed prior to receiving a service from the agency. People were at the centre of their care and made the decisions about how they wanted their needs met. Care plans were regularly reviewed and updated to ensure people continued to receive the care they wanted and needed.

People were supported to maintain their health including their nutrition and hydration. Staff were knowledgeable about people's specific health needs.

People's likes, dislikes and personal histories were recorded within their care plan. People's privacy and dignity was protected whilst encouraging people to be as independent as they were able to.

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 received training, support and guidance to fulfil their role and meet people's needs. Staff's feedback

was sought and acted on. Staff were kept informed about any changes within the organisation or people's needs.

People's, staff's and relatives' views and feedback were sought and acted on. There was an ethos of continuous improvement where any concerns were acted on to improve the service. Quality assurance questionnaires were sent out to gather further feedback alongside regular reviews.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update –

The last rating for this service was requires improvement (published 16 October 2018). There were four breaches of regulations. 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Meritum Integrated Care LLP (Maidstone)

## **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

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Meritum Integrated Care LLP (Maidstone) is a domiciliary care agency. It provides personal care to people living in their own homes.

Inspection activity started on 11 October 2019 and ended on 15 October 2019. We visited the registered office on 15 October 2019.

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

This inspection was announced. We gave the service five days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also needed to gain people's consent to being contacted for their feedback.

### What we did before inspection

We reviewed information we had received about the agency since the last inspection with the CQC. We sought feedback from the local authority and professionals who work with the agency. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the nominated individual, three care staff, a senior and a care co-ordinator.

We reviewed a range of records. This included four people's care plans, risk assessments, daily care records and medicines records. We looked at three staff files in relation to recruitment and staff support and supervision. We also saw a variety of records relating to the management of the agency, including a sample of audits, quality assurance surveys, accidents and policies and procedures.

# 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 improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff whilst receiving support from the agency. Comments included, "I do feel safe, it's how the carers interact with me. It's just having them around" and "They are like one of the family and I trust them." A relative said, "Having had a conversation with my dad, he speaks very highly of them [staff] and is comfortable with them. The carers are the same each time which adds to mine and dad's increased feeling of safety."
- Staff had been trained in safeguarding adults and children, knew the potential signs of abuse and the action to take if they had any suspicions. Staff followed the provider's policy and procedure alongside the local authority's policy and protocol.
- The registered manager had raised concerns with the local authority and had spoken to the team for guidance and advice. A record was kept of any person that maybe at risk and the action staff should take if they were concerned.

At our last inspection the provider had failed to assess and mitigate potential risks posed to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and reduce any potential risks. For example, risks relating to people's mobility, personal care needs, nutrition and any specific health support.
- Risk assessments were detailed and contained the control measures that were used to reduce the risk. For example, one person at risk of falls, was to use their walking aid at all times when mobilising. Staff were to encourage and remind the person to use their aid to reduce the risk of them falling.
- Assessments of people's houses were completed to identify any potential risks to staff such as, external lighting, trip hazards and fire safety. Information about any equipment the person used such as, an airflow

mattress, hoist or a stand aid had been recorded in their care plan.

- Accidents and incidents were monitored with action taken to prevent a reoccurrence. There had been no accidents involving people however, a member of staff had slipped on some black ice outside of a person's house. As a result, salt was distributed on the person's drive to prevent a reoccurrence.

#### Staffing and recruitment

- People told us they saw the same care staff which provided them with consistency and continuity of care. Comments included, "They're very good. I have two carers and they're both very good. They're kind and considerate, we have nice chats" and "They arrive on time and stay the full duration; sometimes they stay a bit more."
- The coordinator told us care calls were grouped together to enable the same staff to visit people.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff being employed. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely from trained staff whose competency had been assessed by a member of the management team. Staff followed specific guidance in relation to each person's support required with their medicines.
- Relatives told us staff administered their loved one's medicine on time and appropriately. One relative said, "All given on time and appropriately. Yesterday, there was a note in the folder about the medicines needing review; it's good they do that as it helps me keep on top of things."
- Staff had contacted another person's GP when it was noticed they were having difficulties swallowing their tablets. The person's medicines were changed to liquid form, enabling them to swallow these easily.
- People's medicine administration records were audited by a member of the management team on a regular basis. Staff were observed through spot checks when administering people's medicines.

#### Preventing and controlling infection

- Staff completed infection control and effective hand washing as part of their induction and ongoing training. Staff understood the importance of using protective equipment to reduce the spread of infection.
- Staff had access to personal protective equipment such as, gloves and aprons which were stored in the registered office.

#### Learning lessons when things go wrong

- Lessons were learnt and improvements were made when things went wrong. Following a serious incident where a person died which was contributed to by self-neglect, a at risk list was compiled. The list detailed any person that was at risk of self-neglect, as a result the person was visited more frequently by a member of the management team. If a person became a high-risk action was taken to alert other health care professionals such as, the person's GP or local authority to support the person.



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

At our last inspection the provider had failed to ensure staff were suitably qualified, competent, skilled and supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew what they were doing and felt they were well trained. One person said, "They understand the care I need for the condition that I have." A relative said, "[Loved one] mental health has many elements to it; staff know how to handle the illness well."
- Staff said they received the training, support and guidance to fulfil their role and meet people's needs. This was through a variety of methods including regular training and refresher training, supervisions, spot checks and annual appraisals. One member of staff said, "Training is very good, it has helped to know a lot more. I am supported in a very good way, if I phone the office they answer straight away."
- New staff completed an induction which included time to read people's care records and working alongside experienced members of the team. New staff completed 'The Care Certificate' this is a nationally recognised qualification within the care sector.

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

- People's needs were assessed with them and their relatives, prior to receiving any care from the agency. This was to ensure their needs could be met by the care staff. Assessments were detailed and included both people's needs and their preferences.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs and expressing sexuality. This information was transferred to the care plan which outlined the support required from staff.

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

- People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Staff followed guidance from dietitians and Speech and Language Therapists for people at risk of malnutrition, dehydration or specific health conditions. For example, the use of thickened fluids for a person at risk of choking.
- Care plans contained detailed guidance of the support people required with their meals. Some people

required jugs of drinks and fresh water to be left within their reach at the end of their call. Other people required staff to prepare breakfast, lunch and dinner of their choice.

- People said they were happy with their meals prepared by staff. One person said, "They prepare my breakfast, all done properly and they give me a choice." A relative told us how staff encouraged their loved one to eat at mealtimes as their relative had missed meals.
- Staff were trained in food hygiene and understood the importance of encouraging people to eat a healthy balanced diet.

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

- People said staff looked after their health and contacted relevant health care professionals to ensure they remained as healthy as possible. Comments included, "One of the carers was a bit concerned about me, and she called the district nurse to come and see me" and "They make me laugh and that promotes my health and well-being."
- People's health needs were identified in the initial assessment. Staff worked alongside and followed guidance from health care professionals to improve people's health, mobility and well-being. For example, guidance from an occupational therapist detailing how to support a person when using the hoist and transferring between the bed and chair.

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

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us, and relative confirmed, staff asked for consent prior to any care or support tasks. One person said, "It's all done automatically with the same carers, but if a new one comes in, they ask."
- Staff understood the MCA and DoLS and confirmed they had received adequate training. Staff understood that people had the right to make decisions; they described how some people's capacity fluctuated due to living with dementia. Staff said they supported people to make daily choices such as, what they wanted to eat, wear and how to spend their time.
- Records were kept of directives by the Court of Protection when appointees were responsible for making decisions about people's health, welfare or finances.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we recommended that the registered manager observed care staff's working practice to ensure they were promoting people's privacy and dignity. The provider had made improvements.

Respecting and promoting people's privacy, dignity and independence

- People said staff protected their privacy and dignity during personal care tasks. Comments included, "They cover me up to make sure I am not exposed" and "They don't ask too many questions. I'm not worried about being naked as I feel comfortable with the carer."
- The registered manager had altered the staff's spot check to include further observation of staff's working practice. People were asked at the end of the care call to give their feedback about staff and whether their privacy and dignity was respected.
- People's care plans promoted their independence and informed staff what people could do for themselves and the support they required from staff. For example, staff to encourage people to wash unaided and the use of a drinking aid to enable the person to drink independently.
- Staff understood the need for confidentiality and understood the importance of keeping people's personal information confidential. One person said, "They [staff] don't pry into my personal affairs. Information about people was always stored appropriately and kept confidential within the registered office."

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of their care staff. Comments included, "They make me laugh; I don't think I have had one bad carer to be honest" and "They are kind and caring. They talk to me as an individual, we have good banter."
- Relatives said the staff were kind, caring and knew their loved one well. Comments included, "They are very nice people, since they've been coming in I can't fault them" and "I think highly of them, very nice and diligent."
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. One person said, "They know when I am down because of the pain, they help me to forget my pain."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were at the centre of their care and had been supported by family members, if required, in the development of their care plan. One person said, "It was all done by my family, but I did have a say in my care needs." A relative said, "I was involved somewhat in the care, along with other family

members; dad was consulted as well."

- Feedback was regularly sought about people's views on the quality of the service they received. If people expressed dissatisfaction with any part of their care action was promptly taken to address this. For example, a change to a person's call time.

# 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 the same. 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 told us, and relative confirmed, the staff were responsive to their needs and provided person-centred care. Comments included, "They [staff] listen to what I have to say and want" and "They anticipate my needs especially when I am in pain." Relatives commented, "They talk to him and get him involved in what they're doing" and "They listen to what mum wants; mum won't do anything she doesn't want to."
- Care plans were individualised and recorded every detail of what was important to the person. For example, being called by their chosen name and using aids to promote their independence such as, a perching stool in the bathroom.
- People's care records were reviewed with them and their relative to ensure they continued to meet their needs. Daily logs completed by the care staff at the end of each care call were monitored and audited by a member of the management team, this was to check for accuracy against the person's care plan.

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 and preferences were gathered at the initial assessed and transferred in the persons' care plan. Some people required staff to speak slowly, clearly and louder than usual to enable them to hear and understand the information; Other people required closed questions being asked where they gave a yes or no answer only.
- Documents were available to people in formats they were able to understand such as, easy read pictorial formats or larger texts.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint and any concerns they had raised were acted on. Information about how to make a complaint was detailed within the 'service user guide' given to people at the start of their care.
- There had not been any formal complaints however, a record was kept of any concerns that were raised and these were treated in the same way as a formal complaint. For example, a relative had raised a concern that their loved one's care call was too late, an investigation took place and the person's care call was made earlier; the relative was written to detailing the outcome.

End of life care and support

- People were asked about their end of life wishes at the initial assessment, people's wishes were respected if they had chosen not to speak about this. At the time of our inspection no one was receiving care at the end of their life.
- The registered manager told us if a new care package came in to support a person at the end of their life, a joint assessment would be completed with the health care professionals involved; and the local hospice team. If a person already using the service needs changed and they required care at the end of their life, the same staff team would continue to provide support; proving consistency and continuity of care.
- The provider employed a trainer who worked with care staff to deliver end of life care training and offer support and guidance to the staff teams.

# 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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective governance systems in place to monitor the quality of the service that was provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of regulation 18 of the CQC (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and regulation 18 (Registration) Regulations 2009.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The nominated individual played an active role in the running of the organisation and knew staff as they delivered part of the induction training. There was a commitment and desire to provide people with high quality care they would expect a loved one to receive. There were plans to move from paper-based care records to an electronic system, using live data.
- The entire management and staff team were aware of their role, responsibility and who they were accountable to. Care staff were given a job description, contract of employment and a staff handbook which outlined their role and responsibility. Staff attended regular team meetings which enabled them to be updated with any changes to their role or people they were supporting.
- Systems were in place to monitor and improve the quality of the service people received. The management team completed a range of audits which included, medicine records, daily report logs and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence. Senior staff completed spot check visits, observing staff and speaking with people. These visits enabled staff to receive some feedback regarding their working practice, that had been observed.
- The registered manager and management team had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.
- It is a legal requirement that an agencies latest Care Quality Commission inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had clearly displayed their rating within the registered office and on the provider's website.

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

- The registered manager and senior management team understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were involved in the development and review of the agency and the service they received. Annual surveys were sent out to gather feedback, ideas and suggestions about improvements that could be made. Results were collated and changes were made to improve the service based on feedback. For example, people fed back that some staff did not wear their identification badge in a visible place; as a result, staff were reminded to wear their ID badge at all times.
- Staff completed an annual survey to give feedback about their role, training and support. Feedback from the January 2019 survey showed, 94% of staff felt their training needs were met and found supervision meetings useful. Staff told us they were happy in their role and enjoyed working for the organisation.
- News letters were sent out to people and available to staff from the registered office. These provided an update with any changes within the local branch or wider organisation. They also included information and tips such as, staying cool in a heatwave and keeping warm in winter.
- Staff spoke highly of the management team and the ongoing support they received from them and the office. Staff told us they felt there was an open culture where they were kept informed and their suggestions and ideas were listened to. Regular team meetings were held enabling staff the opportunity to share best practice and to make suggestions for improvements.

Working in partnership with others

- Staff worked in partnership with health care professionals such as district nurses, occupational therapists and GP's. The registered manager had monthly telephone calls with the commissioning team to discuss the targets that had been set and whether any changes needed to be made.
- The nominated individual was part of a number of groups with the aim to make improvements within health and social care. For example, working with the local authority, GP's and pharmacists to create one medicine administration record for use across the County.