

Meridian Health and Social Care Limited

Meridian Health and Social Care - Coventry

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

Meridian Health and Social Care is a domiciliary care service, providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs. People told us staff arrived at the scheduled time and always stayed for the specified period. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Staff supported people to be as independent as they wanted to be.

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. Staff understood how to communicate with people in a way they understood, and information was available to people in their chosen format. There was a complaints procedure in place and people knew how to complain if they needed to.

There were robust quality assurance processes in place. Regular audits of all aspects of the service were undertaken and the findings of these were used to drive improvement of the service. Staff spoke highly of the registered manager and the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Meridian Health and Social Care - Coventry

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 July 2022 and ended on 22 July 2022. We visited the location's office on 20 July 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives. We spoke with five members of staff including the registered manager, a team leader and care staff.

We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. One person told us, "Yes, I feel safe, absolutely." A relative said, "Yes [Name] is very safe with the care staff, we know them very well."
- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff explained, "I would look for bruising or if people were worried about things like money and food. I would ring the office if I had any concerns and I would need to fill an incident form in."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would speak to my manager, but we have a phone number to raise concerns too."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- People and their relatives told us they felt confident staff had been trained to use any moving and handling equipment.

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- People and relatives told us staff kept them informed if they were running late for visits. A relative told us, "They are always on time, but sometimes if they're behind, they will phone to tell me they are running late. Sometimes things happen with the people they care for on the last call and it can't be helped."
- People were seen by staff they knew and were familiar with. One relative said, "We always get the same carers. The lady who looks after [Name] five days a week is very good."

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent.
- People told us they received their medicines when they expected them.

- Regular audits were carried out to check administration records had been signed and stock balances were accurate.

Preventing and controlling infection

- Staff had access to enough personal protective equipment (PPE) and had completed infection control training.
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.
- Staff adherence to infection control procedures was monitored as part of the staff spot check process that was in place.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were logged and monitored for themes or patterns and actions were taken to prevent reoccurrence.
- The reporting system showed that incidents were fully investigated and resolved.
- Lessons learned from incidents and accidents were shared with the team to facilitate learning and improvement within the organisation.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had consented to their planned care.
- People and their relatives told us staff gained consent before supporting people. One person told us, "They always check I'm happy to have things done, they talk to me you know" and a relative explained, "They (care staff) all ask whether [Name] needs anything, they give her choices but they know her."
- One staff member explained how they always asked a person for consent before providing care. They went on to describe how they supported a person who did not have capacity to give their informed consent "We liaised with the family and the social worker who did the initial assessment. We contacted the GP and the district nurse, and we discussed how to support the person in a way which they would want, and which was in their best interest. We then recorded the decision in their care plan so anyone else who supports them knows what they want."

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

- People's needs were assessed and regularly reviewed.
- Before starting to support a new person their care needs were assessed, and the team leaders created care plans which were shared with the care staff. A person told us, "Yes I has an assessment before they started to check what I needed. The social worker referred me, and I have a care plan. It has everything the carers need to know about me."
- One person's relative said, "There's a very good care plan, the care staff who looks after [Name] knows exactly what they need. Nothing is too much for them. They are very professional."
- People and relatives told us people's needs were reviewed regularly and updated with any changes.

Staff support: induction, training, skills and experience

- Staff told us the induction they received was thorough. One staff member who had recently joined the company said, "I completed an induction and I did shifts with another worker to get to know the people I would be supporting. I felt confident after that."
- Staff received regular updates to their training and training based on the needs of individual people was provided, for example how to support a person with epilepsy.
- Staff had regular supervision sessions which they said helped them to feel supported and informed about their roles.
- Staff told us they felt supported in their roles. Comments included, "I know I can always call into the office or call if I need anything."

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

- Some people were supported with meals. One staff member said, "I will always ask the person what they want to eat and make it for them the way they like. Sometimes if a person isn't hungry I will make them something that I can leave with them to eat later."
- Staff told us if they had concerns about a person's dietary intake, they would report it to the management team. One staff member said, "If someone wasn't eating or drinking much I would offer to make them something else and encourage them but I would let the office know because they might need a review from their GP if they are not feeling well."
- When people had been assessed as being at risk of choking, care plans provided instructions for staff on how to reduce the risk of this happening. For example, cutting food up, ensuring people were in an upright position when eating and drinking, and removing any distractions. The plans also detailed what staff should do in the event of a person choking.

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

- Staff supported people to attend health appointments when required.
- People were referred to other health and social care services when necessary. Information provided by the health or social care workers was explained to staff and incorporated into the persons care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people and relatives spoke highly of the staff who supported them. A person said, "I would highly recommend them and I realise how lucky to have them. They're fantastic." Another person said, "I know my care staff well, they are always so kind and I feel happy to see them." A relative told us, "They're really nice carers, [Name] is happy with them."
- All of the staff we spoke with said they enjoyed being able to get to know the people they supported. One staff member explained that by having the time to do this they had been able to make a person feel comfortable with them. This had meant they were more accepting of the care they received. Another staff member spoke of how they enjoyed learning to cook foods a person had enjoyed with their direction and this time had strengthened their relationship.
- The service had received many compliments praising the kindness of care staff and the care they provided.

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

- People were encouraged to be involved in decisions about their care. People were asked for their preference for male or female support staff.
- People and their relatives told us they were involved in decision making. We were told that people or their relatives were always involved in planning their care and any changes were discussed and agreed on.
- One staff member said, "I always try to involve people with their care, if we are helping people to regain their independence this is even more important. Some people can only make simple decisions about their care but by always involving them it helps them not to feel that the care I give is something done to them but is something we do in partnership."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect. One person told us, "Yes, they [staff] are always very respectful." A relative told us, "They are very polite and always make sure [Name] is comfortable with what they are doing."
- Staff knew how to maintain people's privacy and dignity and gave examples of how they did this such as, "I have a blanket or towel close by so that I can keep people covered up, so that they're not exposed as I help them get washed." Another staff member said, "I make sure the curtains are closed and close the bedroom or bathroom door."
- Staff said they encouraged people to be as independent as possible. A staff member explained how they involved a person to wash their own face when they washed areas they could not reach. Another staff member spoke of a person they had supported to regain independence after illness. "I worked with [Name]

each day encouraging them to do a little more, a lot of the time it was about increasing their self-belief and their confidence that they could do things for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us staff met their needs. One person told us, "I would struggle without their [staff] help. If they didn't come each day, I don't think I would be able to stay living at home." A relative said "They [staff] are so good with making sure [Name's] needs are met. It means I can have peace of mind and not worry."
- Care plans provided information to staff about people's choices and preferences for the care and support they wanted to receive.
- Information within plans included details of what people liked to do at certain times of the day and how staff could support them with these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. For example, when people were deaf or hard of hearing, this was recorded in care plans with information on how to communicate with the person so they could understand. If a person wore hearing aids care plans reminded staff to check the person was wearing them, how to clean the aids and how to check the batteries were working to promote better hearing.
- The registered manager explained they employed members of staff who were bilingual, and this helped them to communicate with people who communicated in other languages.
- A member of staff explained to us "For people who can't talk, we have pictures and have little stickers, so they can point. They have cards to be able to choose what they want such as shower or body wash."
- The registered manager told us documents could be provided in alternative formats if required, such as large font, easy read or another language. Easy read is a form of written communication which uses short sentences and images.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints had been logged, investigated and satisfactorily resolved.
- People and their relative knew how to complain. A person told us, "If I had anything to complain about, I would call the office, but I don't need to, all the staff are wonderful." A relative said, "If I was concerned

about anything, I have the managers details and I know I could call them."

End of life care and support

- Staff received training of how to support people at the end of their lives and care plans included information of people's wishes for how they wished to receive care at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service met their needs. One person said, "They are always willing to accommodate me, if I need to change my call time, they always try to do it." A relative explained that after their family members health had deteriorated the registered manager arranged for an extra member of staff to be available to support them as well as increasing the length and number of care calls. The relative went on to explain this had provided reassurance both to them and their family member and with the support their health had improved and prevented an admission to hospital.
- The registered manager explained to us it was important to them to be able to respond flexibly to people's needs and involves them in their care. They went on to give examples of when they had temporarily arranged extra staff to support a person whilst they had an infection and how they had worked with occupational therapists to make a person's home more accessible for them.
- Staff spoke positively about working for the service and said that they enjoyed their jobs. One staff member told us, "The work isn't always easy, but it makes me feel so good to know I've done something to really help someone every day." Another staff member said, "It's a great place to work, everyone is friendly and helps each other out. I wouldn't want to work anywhere else."

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

- Throughout the inspection, we found the provider to be open and honest. They were transparent when things went wrong, and we saw examples of how lessons were learnt. For example, governance meetings and team meeting records showed when issues occurred and that these were discussed as learning points.
- The registered manager was knowledgeable about their regulatory requirements. They were aware of what they had a duty to notify the Care Quality Commission about.

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

- All staff we spoke with were clear about their roles, had shared person-centred values, and worked together as a team.
- The provider and registered manager had systems in place to monitor how the service was performing. This included a robust programme of audits covering all aspects of the service, spot checks of staff, training and competency assessments and regular reviews with people using the service.
- The performance of the service was overseen and reviewed at regular meetings with the provider where

learning was shared amongst other registered managers employed by the provider.

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

- Feedback was sought from people using the service, their relatives and staff. The most recent feedback received was positive about all aspects of the service.
- Regular staff meetings took place. Staff told us they felt confident to speak up during these meetings. Meetings were used to share information and to thank staff for their work.
- Staff spoke positively about the registered manager and other members of the office management team. Staff often praised the management teams caring and approachable nature and felt supported in their roles.
- The registered manager had developed good working relationships with other professionals such as the local authority and visiting health professionals.