

Mercury Healthcare Limited

# Mercury Healthcare Limited

## Inspection report

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29 January 2020

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Mercury Healthcare Limited is registered to provide personal care to older people, people with learning disabilities and/or mental health and physical care needs in their own homes. At the time of our inspection, Mercury Healthcare Limited was supporting seven people with personal care.

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 were cared for by staff who understood how to keep them safe, however risk assessments did not always provide detailed guidance on how to reduce the risk of harm. People's medicines were managed safely, however further guidance was needed regarding the administration of 'as and when required' medicines. There were enough staff to meet people's individual needs and care visits were carried out as required. People received care from staff who knew how to recognise and report issues of concern.

People's needs were assessed, and care was planned using best practice guidance. Staff had received some training to support people effectively, however had not received training to meet people's specific health needs around diabetes and pressure care. Where required, people's nutritional needs were met, and referrals made to health professionals to ensure people remained well. 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 mostly supported this practice.

We have made a recommendation about reviewing the training provided to ensure it covers people's specific needs.

The culture of the service was positive. Staff knew people well, were kind and respected people's privacy and dignity. Positive relationships had been formed between staff and people using the service and people were encouraged to maintain their independence.

Care plans were in place and staff knew how to provide personalised care to meet people's needs. A complaints process was in place and people and their relatives knew how to raise any concerns and most felt these would be addressed. End of life care was being further developed and training was planned for the staff team.

People, relatives and staff were positive about how the service was managed. The registered manager was visible and approachable. Staff had the opportunity to develop their knowledge and felt well supported. Systems were in place to ensure the registered manager had a good oversight. There was a strong focus to continuously improving and developing the service and the registered manager was proactive in responding

to feedback.

#### Rating at last inspection

This service was registered with us on 14 October 2018 and this was the first inspection as the service had not always provided personal care during this time.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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.

Requires Improvement 

### 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 

# Mercury Healthcare Limited

## **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.

#### Service and service type

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

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 17 January 2020 and ended on 29 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with three members of staff and the registered manager and the administration assistant. We reviewed a range of records which included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of 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 for the service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely: Learning lessons when things go wrong

- Some risk assessments were in place but lacked key information to provide guidance for staff. For example, medicine risk assessments did not cover the potential risks to people such as if they refused to take their medicine or if they received too much medicine or what staff should do in these situations.
- Where people had specific needs such as diabetes or pressure care, the risks of this had not been considered and there was no information to guide staff on how to reduce the risk to the person to ensure their wellbeing. Despite the lack of recorded assessments, staff knew people well and provided care in a safe way. For example, one staff member noticed the risk of a person slipping while wearing socks and encouraged them to wear slippers. Staff also received training in risk assessment awareness.
- Some people received medicines 'as and when required'. There was no information in place for staff to follow about the reason it was required, when it could be given or the potential side effects they should be aware of. There was a policy in place stating people should have a protocol for staff to follow. This was immediately addressed by the registered manager and protocols were completed for people.
- Staff supported people with the administration of their medicines and records contained information about the support people required.
- Staff members were provided with medicines training and competency observations to ensure they were able to support people with their medicines safely.
- Audits of medicines were completed to ensure people received their medicines as prescribed and where concerns were identified, these were addressed through re-training and communication with the staff team to ensure improvements were made.
- Accident and incident reporting guidance were available for staff to refer to as required. Information was also available on what to do in the event of a fall and dealing with medical emergencies.
- Where incidents or accidents had occurred, these had been recorded and analysed and measures put in place to prevent re-occurrence. For example, where one person had been hiding their medicine, this was discussed with the GP and action was taken to reduce the risk to the person.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and had a good understanding of their responsibility to safeguard people from abuse. They were aware they could report any concerns to the registered manager or to external agencies such as the local safeguarding team.

Staffing

- Recruitment checks had been completed on new staff before they joined the service to assess their suitability to work with vulnerable people including references from previous employers and a criminal record check.
- There was enough staff to meet people's needs. We didn't receive any feedback that staff had missed a call or visits to people in the community were late. One relative said, "They [carers] come at the time they say they are going to come."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection as staff had access to gloves and aprons. Staff received training in infection control.

# 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 the service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed prior to them receiving a service and care plans developed using this information.
- Care was planned and delivered in line with current evidence based and best practice guidance. For example, the registered manager had a good awareness of the importance of good oral healthcare and people's oral healthcare needs were assessed and recorded.

Staff support: induction, training, skills and experience

- Staff received training through a combination of online and face to face training sessions which included first aid, fire safety, dementia awareness and bullying and harassment. Training was not provided in diabetes and pressure care management; however, staff were provided with information regarding these conditions to ensure they were knowledgeable.

We recommend the registered manager review the training provided to ensure it covers people's specific needs.

- Staff received supervision where they could discuss their performance and team meetings were held to discuss any concerns.
- Staff completed an induction on joining the service included shadowing a more experienced member of staff to gain experience and knowledge of the people they would be supporting. One staff member said, "I had an induction when I started as I was brand new to this type of work. I shadowed another worker and was told what was expected of me."
- Staff who had no previous experience of care were completing the Care Certificate. The Care Certificate is a set of standards which social care workers should follow in their working life.
- Spot checks were completed on staff practice. Where issues had been identified these were discussed with the staff member to ensure improvements were made.

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.

- Staff understood the principles of the MCA. One staff member said, "Mental capacity is whether people are capable in making a decision."
- Some improvement was required to ensure where people did not have capacity to decide, this was recorded as being assessed and a best interest's decision was made where required. Despite this, people were encouraged to make day to day decisions and staff checked for consent before providing support.

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

- Where needed, staff supported people to eat and drink enough to ensure a balanced diet.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they informed the registered manager and referrals to other agencies such as GP's and district nurses were made where required.

# 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 the service. This key question has been rated as 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

- People and their relatives were complimentary about the care they received from the service. One person said, "I am very happy. The carers are the nicest and the best." One relative said, "Happy with the service. [Relative] always says they are very happy, and the carers talk to them."
- Staff had developed positive relationships with people and knew people well.
- Staff received training in equality and diversity and people's care plans included information about their religious needs.

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

- People were asked for their views on the service. Some action points were recorded; however, records could be further developed to evidence when actions had been completed and improvements had been made.
- People and their relatives had been involved in the development of care plans and reviews of the care provided were held.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People's care plans included what they could do for themselves and what they required help with to encourage and promote their independence.
- Staff supported people with patience and were creative in trying different ways to encourage people to maintain their independence.

# 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 the service. This key question has been rated as 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

- Each person had a care plan, which contained information about the care people required at each visit. One staff member said, "Everyone has a care plan to follow. It says what needs to be done at each call."
- We received positive feedback about the care people received and feedback from relatives that care plans were followed. One person said, "I know what is in my care plan and staff let me do things for myself and at my own pace."
- Care plans included the person's history, likes and dislikes to enable staff to build positive engagement. Care plans were discussed at meetings with staff members to ensure they were aware of the care that was required for each individual.

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.

- The registered manager had a good understanding of the AIS.
- People's communication needs were identified in their care plans.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people and their relatives knew how to raise a concern although no complaints had been received. One relative said, "Mercury Healthcare have been quite good, and they have done everything they said they would do so I can't complain."

End of life care and support

- Staff had not received training in end of life care. This had been recognised by the registered manager who had attended training in this area and was planning to deliver this to the staff team.
- At the time of the inspection, the service was not providing care to anyone who was at the end of their life and had not previously provided end of life care.
- End of life care planning required further development to include people's preferences, cultural requirements and their wishes after they died.

# 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 the service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

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

- The management team ensured there were ongoing checks on the quality of the service such as spot checks on the care provided and audits on financial records and care plans.
- Where incidents had occurred, these had been reported to the relevant authorities and action taken to reduce the risk of the incident occurring again including consulting with other professionals.
- There was a commitment to continuously improving and developing the service. The registered manager immediately acted on feedback received during the inspection.
- The registered manager kept their knowledge up to date by attending conferences, networking with managers from other care services and attending events held by the local authority.
- Staff were kept up to date with policies and procedures through a 'policy of the month', for example, safeguarding and LGBTQ. This was discussed at team meetings to raise staff awareness.

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

- People and their relatives were positive about the service and how it was managed. One relative said, "[Registered manager] is great and [relative] loves her. They are really good."
- Staff were motivated and enthusiastic about the registered manager. One staff member said, "There are lots of conversations about how it is going and whether there are any problems. [Registered manager] is very hands on and it is so good. The confidence I have got is second to none is because of the support I have had." Another staff member said, "[Registered manager] is calling me nearly every morning to check I'm okay and to give me support."
- The registered manager promoted a culture where staff felt supported and valued. Emails had been sent to individual staff members when compliments had been received about them to promote a positive working environment. One staff member said, "I am fully supported and know where to get help if needed. I am always made to feel part of a team."
- Some staff were being identified to become champions within key areas such as dementia and infection control to promote a positive culture and share knowledge of best practice and staff were being encouraged to become 'dementia friends.' A dementia friend is a person who encourages others to make a positive difference to people living with dementia in their community.
- Questionnaires were sent out to people who used the service, their relatives and the staff team to gather their views and the responses were positive. One staff member said, "I feel valued and understand my role

within the company." Where feedback was provided this was acknowledged by the registered manager and action taken.

- Monthly newsletters were sent out to staff and people using the service to keep them up to date with events happening and key messages. Newsletters had previously included information on avoiding spreading coughs and colds and local befriending services.

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 was aware of their responsibility to be open and transparent when things went wrong.

Working in partnership with others

- The service worked closely with others, for example, the district nurses and GPs to support care provision.