

Kay Care Services Ltd

Merit Homecare

Inspection report

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03 October 2019

04 October 2019

08 October 2019

09 October 2019

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29 October 2019

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

Merit Homecare is a domiciliary care agency providing personal care and support 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. At the time of inspection 282 people were receiving personal care.

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

People and their relatives were positive about the supported provided by staff and commented that staff were kind, respectful and caring. People felt safe and told us that staff made a positive difference to their lives.

There were enough staff to support people safely in line with their assessed needs. People commented that staff always attended visits and there was a continuity of staff. Staff felt that they needed additional support at weekends and the management team were pro-actively addressing this.

People were supported to engage in the local community and to maintain social relationships. Staff encouraged people to be as independent as possible. 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's needs were fully assessed and reviewed regularly to make sure they were receiving the most appropriate support. Care plans were person centred, individualised and reflected their personal choices.

Risks to people were fully identified and steps put in place for staff to follow to mitigate the risks. Medicines continued to be managed safely and staff followed best practice guidance. Staff had regular checks of their competencies.

Staff received regular training to keep their knowledge and skills at the required level. New staff completed an induction which included the 'Care Certificate'. The management team provided support to the staff by having regular supervisions, appraisals, meetings and communication updates.

The registered manager was fully aware of their responsibilities and worked closely with partnership agencies to provide a continuous level of care to people.

The quality and assurance systems in place allowed the provider to monitor and continually improve the quality of care provided to people. People, relatives and staff were engaged by the service to find ways for it to develop and improve.

Partnership agencies provided positive feedback about the registered manager and the care provided by

staff. People's care records included guidance and advice from other healthcare professionals.

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

Rating at last inspection

The last rating for this service was good (published 01 December 2017).

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?

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 ●

Merit Homecare

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 one assistant inspector.

Service and service type

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

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

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 site visit activity started on 3 October 2019 and ended on 9 October 2019. We visited the office location on 3 October 2019 to see the manager and office staff; and to review care records and policies and procedures. We contacted people, relatives and staff, with prior permission, on 4, 8 and 9 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is

required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and seven people's medication 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was enough staff to support people in line with their assessed needs. People told us that staff were always on time and attended visits. One person commented, "They've never missed any times."
- Staff told us that sometimes they did not feel there were enough staff available at weekends. The registered manager was currently reviewing staffing levels and availability for weekends.
- Staff recruitment continued to be staff and all new staff had appropriate pre-employment checks to make sure they were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around safeguarding and were able to tell us what action they would take if they identified any form of abuse. There were policies and procedures in place for staff to follow to keep people safe. A staff member commented, "I am aware of safeguarding and how to raise concerns."
- People and their relatives told us that they felt safe with the care provided by staff. One person told us, "I feel very safe."
- All safeguarding concerns were investigated fully by the registered manager, shared with partnership agencies and audited regularly to help improve the quality and safety of the care provided.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place for staff to follow to help keep people safe, and these were regularly reviewed. For example, assessments were in place for people at risk of falling or choking.
- Environmental risks in people's homes and those staff may face had also been assessed and steps put in place to help reduce the risk.

Using medicines safely

- Medicines continued to be managed safely, recorded accurately and were regularly audited.
- Staff had received regular refresher training around safe medicine administration.
- The management team carried out on-going competency assessments of staff to make sure they followed safe medicine administration processes. One staff member said, "I administer medication and have received training, I also get observed randomly."

Preventing and controlling infection

- There were infection control procedures in place and staff received training around this.
- Staff told us they had access to gloves and aprons to use whilst supporting people. People confirmed that staff always wore gloves whilst delivering personal care. One person commented, "Staff are always wearing

gloves."

Learning lessons when things go wrong

- The registered manager investigated all incidents and the findings from these were detailed and included follow up actions.
- Lessons learned from incidents were shared with staff, people and other healthcare professions.

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 good. At this inspection this key question has remained the same. 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

- People's needs were wholly assessed and care plans created from these assessments. Initial assessments were completed in partnership between people, relatives and staff. Assessments included physical, emotional and social needs. One person commented, "I helped them plan what they would do (for me)."
- Staff provided care in line with best practice guidance, for example the National Institute for Clinical Excellence.
- People's care needs and choices around their care were regularly reviewed and updated to reflect any changes.

Staff support: induction, training, skills and experience

- New staff received an in-depth induction which included the 'Care Certificate'. A staff member said, "My induction was good."
- Staff reviewed regular training updates and refresher training on topics appropriate to their role. One staff member discussed the training they had received and told us, "The training is great."
- The management team supported staff with regular supervisions and on-going competency checks. One person said, "(Manager) from the office has been to watch the carer and she passed with full marks."

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

- Some people were supported with their meals and were encouraged to make choices about what they ate and drank.
- Some people followed special diets, for example soft diets, and staff supported to people with appropriate choices and followed healthcare professional's advice.

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

- People's care records showed involvement and guidance from other healthcare professionals, for example the GP. Any guidance provided was incorporated into people's care records to provide a continuous level of care.
- Staff told us that they worked closely with other agencies, for example the district nursing team, to support people.
- People told us that staff helped them to access other healthcare services, for example the hospital or dentist, to attend appointments or when they required urgent treatment.

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.

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.

- Staff had received training around MCA and could demonstrate this learning to us.
- People consented to each aspect of their care and were asked for their choices for how they received support from staff.

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 good. At this inspection this key question has remained the same. 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 told us staff were caring and kind. A person told us they were like part of their family and said, "Lovely staff and good care provided ."
- Equality and diversity policies were in place and staff had received training around this. People's care records detailed their support needs as well as reflecting on their social history and cultural needs.
- People were very complimentary about the level of support they received. One person told us, "I'm happy and very pleased with it all."

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

- Detailed care plans were created in partnership with people and relatives. Staff told us that care plans were specific and could be followed easily. A staff member commented, "People's care plans are easy to follow and, if needs change, the office sort these."
- People told us they were involved in the decision around the support provided and with reviews. One person said, "I'm involved in my care but they ask if I need anything else."
- Some people were accessing an advocate to make sure their views were listened to. The service supported this practice and promoted the use of advocacy services. Advocacy services are there to make sure people's choices, needs and wants are listened to and recorded.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training around privacy and dignity. Staff told us what steps they took to make sure people were treated with dignity at all times. One person told us, "I respect people's dignity by ensuring I cover people up when providing personal care."
- People told us that they felt listened to and fully respected by staff. A person commented, "Yes they do respect me, they always ask if I'm okay and they shut my curtains when they help me to get washed. They ask if they can help me to get washed."
- Relatives we spoke to confirmed that staff were respectful at all times. One relative told us, "(Staff) get on well with them and I know he's safe. They listen to him and they are respectful."

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

- Care plans were very personalised and detailed how people wanted to be supported. For example, one person did not wish to have male staff to support with personal care and this was reflected in their care plan.
- Initial assessments were detailed and included personal preferences, this included when they liked to wake up in the morning and in what sequence they liked to get dressed.
- Care needs were regularly reviewed and updated to reflect changes in need. Care plans were also updated when guidance from other healthcare professionals was received.
- People told us they were involved in decisions around their care. One person told us, "My son at home is the main carer and was involved with the planning too."

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.

- Staff assessed people's communication needs and these were recorded in people's care records.
- The service provided information in large print, easy-read and different languages when required. For example, the "service user guide" included an easy-read staying safe guide.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities in the local community and to maintain social relationships.
- Staff were able to spend time with people to reduce their risk of social isolation. One person discussed how staff had a positive effect on their well-being and said, "I really look forward to them and sometimes they are my only visitors during the day. They make it, it's someone to talk to and keep me going."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and all concerns were investigated by the registered manager in line with this. Complaints and concerns were analysed regularly and the results from this were used to improve the overall service to people.
- People we spoke to did not have any concerns but knew how to raise a concern and could tell us the steps to take. One person told us, "You can phone the office if there's a problem but there never has been. I'm happy and very pleased with it all."

End of life care and support

- Staff had received training around providing end of life care and people's care records detailed conversations they had with staff around their final wishes.
- At the time of inspection no one was receiving end of life care, but the service had supported people with this previously and had received compliments from relatives about the support provided. One relative wrote, "Thank you for your care and compassion you showed my mam and our family. I will always be grateful to you."

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 good. At this inspection this key question has remained the same. 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

- Staff told us that there was a positive staff culture and they enjoyed working at the service. One staff member said, "I love my job, I am really happy."
- People told us that all of their needs were met and staff were caring and approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider were fully aware of their legal responsibilities. They reported all safeguarding concerns appropriately to the local authority and notified the CQC of incidents and concerns.
- There were quality and assurance systems in place to monitor the quality of care provided to people. There were regular audits of the service and the results from these were used to improve the service and reflect on ways to drive improvement.

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; Continuous learning and improving care

- If things did go wrong apologies were provided to people, relatives and staff, and lessons were learned to prevent similar incidents reoccurring.
- Outcomes from accidents, incidents and complaints were used as a point of learning.
- The registered manager used all lessons learned from investigations, feedback and the quality assurance system to improve the service and overall care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives continued to be asked for feedback about the service and the care they received.
- Staff had regular supervisions and team meetings where they could provide feedback and receive updates. One staff member told us the different ways the provider engaged them, they said, "We get newsletters, emails and texts, it varies."

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.

- We saw involvement from other health care professionals in people's records and people told us about visits to them where staff had supported them.
- One partnership agency told us about their positive experience of working with the registered manager and the staff team, "Communication was brilliant ... (staff) are very interested to discuss new improved ways of working."