

Kay Care Services Ltd

Merit Homecare

Inspection report

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09 December 2016

16 December 2016

31 December 2016

13 January 2017

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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

We carried out an inspection of Merit Homecare on 8, 9, 16 and 31 December 2016 and 13 January 2017. The first day of the inspection was announced. We last inspected in July 2015 and found the service was meeting the relevant regulations in force at that time, with the exception of one relating to person centred care.

Merit Homecare provides personal care for people in their own homes. There were 111 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe with care staff and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

Risks associated with people's care needs and working practices were assessed and steps taken to reduce the likelihood of harm occurring. Staff had access to personal protective equipment, such as gloves and aprons. They were aware of and trained in good hygiene practices.

People told us staff were courteous, professional and polite. They acted in a safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Systems for the safe management of medicines had been reviewed and strengthened to ensure medicines were appropriately accounted for.

Where appropriate, people's mental capacity was considered through relevant areas of care, such as with medicines and distressed behaviour. Staff routinely obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well supported by the registered manager and other senior staff.

People were supported with their meals, including with meal preparation and checking best before dates, where this was an assessed need. People's health needs were considered in the planning and delivery of care. Help from external professionals, such as the GP, was sought if necessary. This ensured people's general medical needs were met.

Staff explained clearly to us how people's privacy, dignity and confidentiality were maintained. Staff understood the needs of people and we saw care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the registered manager and they felt the service had good leadership. We found there were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. Staff performance was subject to periodic spot checks. New systems to monitor and audit the service had been introduced to help ensure expected standards were achieved. Quality monitoring included feedback from people receiving care.

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.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

Staff obtained people's consent before care was offered.

Staff helped people access health care where needed. Support with meal preparation and food safety was also provided where this was a need.

Is the service caring?

Good 

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good 

The service was responsive.

People were satisfied with the care and support provided.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post. People using the service and staff made positive comments about their manager.

There were systems in place to monitor the quality of the service, which included audits, spot checks and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Merit Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9, 16 and 31 December 2016 and 13 January 2017. The inspection was announced so we could be certain staff were available in the office to assist us. We contacted people using the service and their relatives by phone on 8 and 9 December. We spoke with staff by telephone on 31 December. The provider's office was visited on 9 and 16 December 2016 and 13 January 2017. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service, including speaking with people using the service and their relatives, interviewing staff and reviewing records. We spoke with seven people who used the service and seven relatives. We spoke with the registered manager, an operations manager, six care workers and a supervisor based in the service's offices.

We looked at a sample of records including four people's care plans and other associated documentation, medicine records, four staff files, which included training, supervision and recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

Is the service safe?

Our findings

People who used the service said they felt safe, comfortable and happy with the carers provided by Merit Homecare. Comments we heard included, "It's as good as I can get. I have regular carers and I am happy with them. Indeed I am happy", "Yes! Yes! - (Name of carer) is always good to me", "Oh yes I've had the same care worker for a long time. She is smashing" and "Oh yes! Very, very good indeed." The relatives we spoke with all expressed the view that their relative received safe care. Comments made to us included, "Yes they are good with my relative, the carer's we have we have had them for a long time", "They are quite good, on the ball, lovely person." and "We class them as friends, they certainly do make my relative feel safe."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. One staff member said, "In the first place I'd report to management." Another worker explained to us, "In the first place we speak to the office manager or see the team leader." They expressed confidence that allegations and concerns would be handled appropriately by the registered manager and senior staff. They said, "Confident? yes definitely", "Oh yes, definitely" and "I'm confident they'd deal with it straight away." Staff confirmed they had attended relevant training on identifying and reporting abuse. Staff also told us they were aware of whistleblowing (reporting poor practice) procedures which were explained in their handbook. Where incidents had been reported to the registered manager they had taken appropriate action in liaison with the local safeguarding adults team.

The registered manager and senior staff took steps to identify and manage risks to people using the service and staff. For example, where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments to ensure a consistent and safe approach was taken. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. Staff told us they were informed about these needs assessments, support plans and risk assessments to ensure they adopted safe working practices

Staff were informed about and undertook ongoing checks to identify and deal with potential hazards, such as those relating to people's home environment and equipment they needed, such as hoists. A staff member told us, "When you go into the house you look out for risks. E.g. you make sure the floors are clear." Staff were supplied with personal protective equipment, such as disposable gloves and aprons. Staff also confirmed the availability and use of manual handling equipment such as handling belts and hoists. They were trained in their use and a worker said to us, "Every year we get training. We're trained in any new equipment."

Staff logged accidents and these were analysed by the registered manager to identify if any lessons needed to be learned and practice changed. Where people were at particular risk, for example from falling or choking, referrals were made to other professionals and staff took steps to increase levels of monitoring.

Staff were clear about the procedures to follow should a person have an accident or fail to answer the door

when they called. A staff member told us, "You have to ring the 'on-call'. They phone (the person) and if there's no reply ring the family. We have to look in windows or letter box, etc." Several staff told us they had to remain at the person's home until their whereabouts was established and some described situations where this had occurred.

Staffing levels were determined by the hours contracted for each individual care package. These were readily totalled and planned for on the provider's IT based management and logistics planning system. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed by the referring authority and where necessary people would be supported by two carers at a time. The view of the registered manager and care staff was that staffing levels were sufficient to ensure people's needs were met by staff familiar to them, with staffing consistency maintained. Comments from people's relatives included, "Oh yes, my relative loves them, they are the regular carers, we have had the same from the start of care" and "We have no concerns. We have the same regular carers, we are very happy with them."

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults or children. This helps support safe recruitment decisions.

Records for the most recently recruited staff members showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received. Where information about previous conduct was detailed on a DBS the registered manager informed us that an explanation was sought from the staff member so a decision could be made about whether to continue with their recruitment. We saw these discussions were not always clearly recorded. We discussed this with the registered manager who acknowledged this feedback and undertook to clearly document any explanation given by prospective staff.

Suitable arrangements were in place to support the safe administration of medicines. Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. One staff member said, "It's much better now. They watch you give your meds (medicines) and make sure you do that properly." Staff told us about changes to medicines recording arrangements. One said, "We've all been in to the office recently (to have new process explained) and we've done training on-line." Another staff member commented, "We've had a couple of hours training session on them (new Medicine Administration Records)."

Before people received a service, staff completed an assessment of key needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. The registered manager monitored administration and recording arrangements to ensure any errors were identified and resolved promptly. Staff were clear about what to do should an error occur, including seeking medical advice. One staff member explained, "We'd ring the pharmacy for advice. We inform the office and have to fill in a form."

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. Comments people made about the staff included, "They are all pretty good, I cannot fault them at all", "Yes they definitely know what they are doing" and "Oh yes! They know exactly what to do. If they have a trainee they send someone to shadow them first." People's relatives made similarly positive remarks. One relative remarked to us, "One can tell they are trained, they have lots of experience. I must say they are good." Another told us, "They have informed us they have all been on training. Some new young ones have not, but they are brilliant, you cannot tell they have not been trained they're very good." One relative simply stated, "Absolutely fully trained – excellent."

New staff had undergone an induction programme when they started work with the service. The new staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff shadowed more experienced workers until they were confident in their role.

Staff made positive comments about their team working approach, the support they received and training attended. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. One said, "Very satisfactory. We get it regular. I've had dementia awareness training." Other staff confirmed if they requested specific training they could approach their supervisor or the registered manager to source this. One staff member informed us, "For a person who has challenging behaviour I asked in the office about courses and they organised challenging behaviour and de-escalation training." Another staff member commented, "The training's brilliant. Mine's all up to date. If you think you need it [manager] will sort it." A further remark included, "The training's been great. We have our supervisions every three months."

Regarding their supervision and support arrangements records showed staff attended regular individual supervisions and group meetings. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and, service users and their own general welfare.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was aware of their responsibilities regarding this legislation, had attended relevant training and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection in

circumstances where this might apply. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. People had signed their care plans to indicate their consent to, and agreement with, planned care interventions. Staff were clear about the need to seek consent and to promote people's independence and people using the service started care was tailored to their needs and preferences. One person told us, "They are very good, they do what I would like, they are very good indeed."

People's dietary needs were assessed and staff supported some people with food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. People were also supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. Staff told us, "Each client has GP details (in care file) for if needed" and "We have GP details, next of kin and emergency numbers available." This meant that where required staff could help people liaise with their GP to obtain appropriate medical advice and support.

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. People told us they were treated with kindness and compassion and their privacy and dignity were promoted. People using the service and their relatives told us that staff were very caring towards them and their relatives. They had created positive and caring relationships and were supportive to both the people receiving the service and the relatives involved. One person said, "They are my friend's, they really look after me. They are so kind to me, an excellent service." Another person informed us, "Yes they certainly are caring." Other comments included, "They are brilliant and always respect me. They listen to me and get me involved" and "They are good. It is not take it or leave it, they are never rude; always happy and polite to me."

People's relatives made similarly positive remarks about staff and their caring approach. One relative informed us, "Oh yes, they do not look down at my relative. They are fully respectful and they make my relative very, very happy." Some people and their relatives singled out specific staff for praise. One such comment was, "We would like (name) to be recognised. This care worker is exceptional, brilliant. Gives excellent vibes to my relative, thank you." People and their relatives continued by telling us they were very happy with the services they were receiving. Most commented that staff's time keeping was good, that they were reliable and caring. Comments included, "Always on time", "The care workers are always on time. The odd occasion they maybe late but they always ring me", "On time, only the odd occasion they are late. This is because someone before has been ill." Where specific comments were received about the timing of a call or the timeliness of staff, these were fed back to the registered manager to explore with the person and workers concerned.

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. Care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach. A staff member told us, "I would look at people as if they were my own relative."

Arrangements were in place to monitor the approach of staff. The registered manager and senior staff regularly carried out structured observations or spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted. A staff member simply stated, "We have spot checks." This was confirmed by the records we looked at.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care. A staff member said to us, "We encourage people to do things to promote independence." Another staff member said, "We ask what they would like. We assist and then leave people to their own devices as much as possible."

People using the service were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. We saw positive feedback had been gained through care reviews, as well as in the provider's quality survey, about the caring approach of staff. Comments included, "[Name/s] are exceptional. They are lovely with mum and I'm sure [name] will slot in well when she gets up to steam. Everyone turns up when they are meant to, no problems", "They are brilliant ... wonderful staff", "[Name] is nice a good person to me she is helpful", "Fantastic (staff). Very kind and helpful. Great, always explain things to me" and "Very helpful. Trust them 100%."

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or issues about their care.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences and had developed effective strategies to deal with enquiring neighbours. The staff also told us about the practical measures they took to ensure privacy and dignity were maintained. A staff member told us, "We have curtains closed and keep doors shut."

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to, involved in planning their care and if they had confidence in the way staff responded to concerns and complaints. People informed us that staff stayed for their allocated time, were reliable and in the majority of cases arrived as arranged. People and their relatives told us they had all been included when developing the care plan and were listened to. "The staff do listen, they always come back to us, they listen. I have never needed to make a complaint", "Yes no problem, any issues they listen" and "Never needed to complain, they are good." They said their wider social life was supported and a relative said to us, "They are very skilled, my relative has serious learning disabilities, they are trained and skilled to take my family member to bowling, swimming, brilliant. They give my relative an excellent quality of life."

At our last inspection in July 2015 a breach of legal requirements was found. This breach related to person centred care. At the time of our last inspection records did not consistently show that people and their representatives had been involved as care records were not signed by them. We had concerns that records did not all accurately reflect people's care and support needs, with limited guidance for staff to deliver care and support in the way the person wanted.

During this inspection we found improvements had been made.

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager or senior carers spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided. Apart from in emergency situations where care was arranged with little or no notice, care staff would be introduced to people before care commenced and given time to read the person's care plan. The care plan was kept at each person's home, with a duplicate copy held at the provider's offices. One staff member informed us, "We go out to see them first. The carers are always introduced first. It's all written in the care plan." Another said, "We get to go with the team leader to meet the client and family." In circumstances where care was arranged at short notice staff told us they were still informed about people's needs. Further comments from staff included, "With new people I introduce myself and ask for the red folder (care plan). The office will give you a briefing beforehand" and "We're asked to go into the office to read about the care plan."

From the information outlined in people's assessments, individual care plans were developed and put in place. A member of staff said to us, "We get the information we need." Care plans in the provider's revised format were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by both people using the service and staff. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their line managers so a further care needs review could be carried out. Care records were written using clear language and

technical terms were explained.

Care plans had been revised since our last inspection and were in the process of being further reviewed and transposed into a new format. These were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. These documents were well ordered, making them easy to use as a working document.

Staff kept daily progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. From our discussions with them it was evident that staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills.

People said they were able to contact the office any time and that the office staff were professional and helpful. People using the service expressed a good understanding of to whom and how to complain. Most said they would speak to a member of staff and the registered manager if they had any concerns. Staff told us people were informed proactively about the complaints process. One said, "The team leader goes out for a quality check every three months and asks people if they've any complaints. I would give them the office number." There were two complaints recorded within the service during 2016. Records showed the complaints were acknowledged, investigated, an outcome communicated to the person concerned and apology offered where appropriate.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been recently recruited to that post and registered with the Care Quality Commission. People and their relatives told us they were happy with the service and the leadership provided. People using the service made positive remarks about the impact the new manager had made since taking up post. One person told us, "The new person has made a difference." Another said, "In the past they occasionally had problems, now they are good." Relatives also made positive comments about the way the service was run, the positive impact it had and also stated they would recommend them. One said, "Oh definitely I will recommend this company; having this company looking after my relative there is a great weight off my shoulders. They have given me a life." Other comments included, "I can recommend this company. I am nothing but totally happy with this company for my relative", "Really happy with Merit; excellent service. What can I say, brilliant" and "Certainly would recommend."

Comments from staff were complimentary about the registered manager and others in the management team. Their comments included, "I think she's doing a fab job. She's easy to approach", "She's doing great", "They try their best and do a good job. The lasses in the office are good ... they do a great job" and "They've just gone great. We've met the new one. They make their expectations clear."

The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. We discussed the requirement to send the Care Quality Commission (CQC) notifications of particular changes and events. The registered manager had made themselves aware of those events reportable to CQC. We reviewed incidents that had occurred and saw that reportable incidents that had occurred recently had been notified to us. Incidents that had occurred prior to the registered manager taking up post had not been consistently submitted. The registered manager reviewed these and submitted them at the time of the inspection. The registered manager was clear about the challenges facing the service and the underlying values they wanted to promote. Ensuring people received safe care and were treated with dignity, respect, as individuals and that their independence was promoted were central to these stated objectives. This was reflected in feedback received by the service,

The quality of the service was monitored by several means, including questionnaires, on-going consultation at care reviews and spot checks. Quality checks for example covered areas such as people's views, the quality and timeliness of care visits, whether people were kept up to date with replacement carers, whether the person had any complaints, the appropriateness of the care provided and whether assessments (covering manual handling, risk assessment and medicines) were up to date. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement. Feedback from the questionnaires highlighted areas of strength, such as the caring approach of staff and flexibility in meeting particular needs. Comments from surveys and quality checks included, "Excellent service. We feel confident in everything; much appreciated", "No complaints, very good" and "Pleased with help received."

Staff said they were well informed about matters affecting the service. The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed at the meetings. Staff said, "There are meetings normally every three months. If there are any issues you can let them know before" and "They're always ringing and we get a newsletter every four weeks." This meant staff were given opportunities to be kept up to date and involved with service developments.