

Meridian Health and Social Care Limited

Meridian Health and Social Care - Manchester

Inspection report

1st Floor, 498 Broadway
Chadderton
Oldham
Lancashire
OL9 9PY

Date of inspection visit:
27 April 2022

Date of publication:
23 May 2022

Tel: 01616828703

Website: www.meridianhsc.co.uk

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 - Manchester is a domiciliary care agency providing personal care to people 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 our inspection there were 220 people using the service of whom 190 were receiving the regulated service of personal care.

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

Although engagement was generally good, some people said the on-call (out of hours) service, was not always accessible when they required it. This was addressed immediately.

People's care and support needs were thoroughly assessed. Care files included relevant health and personal information to help ensure appropriate care. The service worked with other health and social care agencies and professionals to help ensure all care needs were met.

People told us staff were kind and respectful. Care was person-centred and people's wishes, for example, how they liked to be addressed and how they wanted their support to be provided, were respected. People's individual methods of communication were documented and used by staff. People were supported to express their views and their independence was encouraged and promoted as far as possible.

There were systems in place to help safeguard people from the risk of abuse. Risks were assessed, managed, reviewed and updated as required. Medicines were managed safely by the service. The service had appropriate measures in place to help prevent and control the spread of infection.

Staff were recruited safely and there were sufficient staff to meet the needs of the people being supported. Staff received a thorough induction and comprehensive on-going training programme.

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.

The service gave open and honest responses to complaints and concerns. Feedback was sought from people who used the service and their relatives. Audits and checks took place regularly. All these actions helped the service continually learn and improve service delivery.

The service worked in partnership with other agencies and professionals to help ensure good, joined up care for people using the service.

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. The last rating for the service under the previous provider was good, published on 4 January 2019.

Why we inspected

This was a planned inspection to look at all five domains and to rate the 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 - Manchester

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 an 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.

Service and service type

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

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 48 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 25 April 2022 and ended on 6 May 2022. We visited the location's office on 27 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 12 relatives about their experience of the care provided. We spoke with five members of staff, including the registered manager and four members of care staff.

We reviewed a range of records. This included eight people's care records and medication records. We looked at three 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 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

- The service had systems in place to help safeguard people from the risk of abuse.
- All safeguarding concerns were documented clearly and records included relevant information and appropriate actions, signed off when completed.
- Staff had completed safeguarding training and those we spoke with demonstrated confidence in recognising and reporting concerns.

Assessing risk, safety monitoring and management

- Individual and general risks were assessed, managed, reviewed and updated as required.
- Care plans included clear guidance for staff around managing risks to individuals and themselves.
- People felt safe with the service. A relative told us, "Oh yes, [person] lets them move him and he must feel safe to let them do that". A health professional said, "We have been commissioning with Meridian for some years now and have found the service to be very safe."

Staffing and recruitment

- There were sufficient staff to meet the needs of the people being supported.
- Staff were recruited safely, with relevant checks being made to help ensure staff were suitable to work with vulnerable people.
- Recruitment was on-going to address staff movement and change.
- A diverse workforce was employed, to help ensure people were supported by relevant staff members.

Using medicines safely

- Medicines were managed safely by the service.
- Staff had completed medicines training and their competence to continue to administer medicines was regularly checked to ensure their skills remained appropriate.
- Medicines records were reviewed on a monthly basis and any discrepancies looked into and addressed.

Preventing and controlling infection

- There was an appropriate policy in place regarding the prevention and control of infection.
- The service had also produced documentation around COVID-19 and regularly updated staff on government guidance to ensure they were compliant with the latest requirements.
- All staff had completed infection control training.
- People told us staff ensured they wore personal protective equipment when required. One person told us, "They wear the uniform and masks, always."

Learning lessons when things go wrong

- The service ensured lessons were learned following any incident.
- Accidents and incidents, safeguarding concerns and complaints were documented clearly and these were analysed regularly. This allowed the service to look at whether any patterns or trends were apparent and whether remedial actions were required.

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.

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

- Care files evidenced thorough assessments of people's care and support needs and care was delivered in line with all requirements. When asked about their care plans, people were aware of them and had contributed to the contents.
- Appropriate health and personal information helped inform staff of people's needs and choices.
- People's needs were regularly reviewed and updated to ensure they were always receiving the appropriate level of support.

Staff support: induction, training, skills and experience

- Staff received a thorough induction, which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff also shadowed an experienced staff member and were required to read key policies as part of their induction. One staff member told us that any staff member who was not confident to do the job at the end of their induction would be supported to extend the period until they were more confident.
- Training records evidenced on-going training courses. Staff told us there was sufficient training to help ensure they had the correct skills to carry out their roles.

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

- People's nutritional and hydration needs were recorded within their care plans where required.
- Staff were able to explain how they supported people's requirements in this area.

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

- Care plans included information about other agencies, health and social care professionals involved with each individual.
- The service liaised, where appropriate, with other agencies to help ensure joined up care and support.
- Referrals were made to other agencies, for example to reassess equipment used, when required.

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.

- Consent forms were in place where required. If an individual was unable to sign a consent form, or to consent to what was being asked, this was clearly recorded.
- Staff had completed training in MCA and those we spoke with demonstrated an understanding of the principles.

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

- People told us staff were kind and respectful. One person said, "The girls are polite and pleasant. They just do what you ask and you get the same person, usually, which I am pleased with." A relative said, "They [staff] are really professional. I am satisfied, they do a good job and look after [person] very well. They are very kind."
- People's equality and diversity was respected. Care plans included information about people's wishes, for example, how people liked to be addressed and how they wanted their support to be provided.
- Staff had completed training in equality and diversity and were aware of the need to be respectful of people's differences.

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

- People were supported to express their views and this was evident within care plans.
- Information was written from the perspective of the individual and included their preferences, likes and dislikes.
- People told us they were fully involved with their care and support. Most people knew about their care plans and had contributed to them. One relative said, "[Person] will say what he wants, and I help him and get involved."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. There was information about confidentiality and data protection included within the service user guide, to reassure people about how their information was used.
- People felt their dignity was respected. One relative said, "The individual carers are exemplary. They are really patient with [person] and understand him."
- Care plans included people's goals with regard to remaining as independent as possible. Care and support was provided with regard to promoting independence where possible.

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

- Care and support was provided in a person-centred way. A health professional commented, "Meridian have always tried to support the diverse and complex work. They support with cultural wishes where able and to the best of their ability."
- People's choices were respected, for example, one individual had expressed a wish for a staff member of a particular gender, with language skills that matched their own first language. Due to the diversity of the staff team, this request had been able to be fulfilled.
- People's routines, family dynamics, interests and backgrounds all contributed to how their care and support was provided.

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.

- Individual methods of communication were outlined within care plans and staff were aware of how to communicate in the best way with each individual. For example, some people struggled with verbal communication but were able to write their wishes down. A relative told us, "All the staff members they send are very good. They adapt to [person] very well as she is non-verbal but has a great rapport with them."
- Information could be offered in a range of different formats, including different languages, pictorial form, large print or braille. This ensured it was accessible to as many people as possible.

Improving care quality in response to complaints or concerns

- There was a complaints policy and the procedure for complaints was included within the service user guide.
- We saw the complaints log, which included clear information about each concern, actions to address the concern and dates of completion.
- Learning was taken from all complaints to help ensure improvements to care delivery.
- The service had received a number of compliments. Comments included, "Thank you for always being helpful and kind when I ask you for certain people. I do appreciate it."

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.

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

- The service generally engaged well with people who used the service. However, some people told us that they had, on occasions, been unable to access the out of hours on-call service. One person told us, "I think it's [the service] very good, the only thing to let down is the on-call service." We discussed this with the registered manager, who looked into this issue. They immediately implemented a contingency, consisting of a backup person, for when people could not reach the on-call worker.
- There was evidence of regular care and support reviews, telephone evaluation and staff surveys. One person said, "I can get hold of the office OK, if they are late and they will tell me how long they will be."
- Staff were supported with regular one to one supervision sessions, where they could discuss their work, any concerns and learning and development needs.
- Team meetings were held where staff were encouraged to participate with open discussions. One staff member said, "We are well supported. When we come to the office, all the office staff acknowledge us and ask how things are going. If we have a problem we can phone and speak to anyone."
- A regular newsletter was also sent to staff to keep them updated with events and developments.

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

- The service promoted a positive, inclusive and person-centred culture.
- People's strengths and abilities were encouraged and support given to enhance their skills and achieve the best outcomes.
- When asked if they would recommend the service, people said they would. One person told us, "The staff are really good, very caring and kind. They do a brilliant job, it doesn't feel like we have strangers in our home, which is lovely. I would recommend them."

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 provider understood and acted on the duty of candour.
- We saw evidence of open and honest responses to complaints and concerns, with actions put in place to help prevent a reoccurrence of similar events.
- An annual survey was undertaken to gain feedback from people who used the service. Where negative comments had been made, a letter of apology was sent to the individual and efforts made to improve the service for that individual, and generally, in the future.

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

- Managers were clear about their roles and understood the importance of monitoring quality, risks and requirements.
- Staff we spoke with were proud of their roles and spoke positively about the difference they could make to individuals' lives and well-being.

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- Some people felt the timings of visits could be better and the registered manager was aware of this and looking into improvements in this area. There was an electronic call monitoring system in place, which helped the service check if staff were attending visits at the correct times and staying for the required duration.
- A number of audits and checks were completed to help ensure care delivery remained at a good standard.
- All audits included actions to address any issues identified, with learning for both management and staff. A staff member told us, "Management always stress not to cover mistakes as they will help you to sort them out." Another staff member said, "I would be confident to report any mistake or issue."

Working in partnership with others

- The management attended monthly meetings with other health and social care professionals. They discussed individual care packages and ways to improve people's quality of life.
- Other agencies felt the service engaged well. One health professional told us, "Meridian takes an active part in our monthly provider meetings. These are set up to look at the work ongoing and address and concerns that may have been raised that month by staff or service users."