

Meridian Health and Social Care Limited

# Meridian Health and Social Care - Preston

## Inspection report

Brittania House  
123 Market Street West  
Preston  
Lancashire  
PR1 2HB

Tel: 01772252444

Website: [www.meridianhsc.co.uk](http://www.meridianhsc.co.uk)

Date of inspection visit:  
26 April 2022

Date of publication:  
01 June 2022

## 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported 87 people with personal care needs.

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 safe and protected from abuse and avoidable harm. The manager identified risks to people's safety, this was documented to support staff ensure the safety of people. Staff followed robust infection prevention and control procedures to protect people from COVID-19 and other infections. Staff were recruited safely and staff were deployed to suit specific needs of people. Support for people was planned to ensure they were involved in planning the personal support. Staff were trained to support people with their medicines. The manager and organisation had systems to learn from incidents to further improve the safety of the service.

The manager and senior staff assessed people's needs and people received support they required. Staff were trained and skilled to provide people's care, staff we spoke with confirmed this. One person said, "They all know what they are doing and seem well trained." They supported people as they needed with preparing their meals and drinks. 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 supported by the agency told us staff and the management team who visited them were polite, kind and professional in their approach to their work. Staff supported people to attend healthcare appointments if necessary.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service and improvements made when they were identified.

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

### Rating at last inspection

The service was registered with us on 12/10/2020 and this is the first inspection.

### Why we inspected

This was a planned first inspection based on their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback

### 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 ●

# Meridian Health and Social Care - Preston

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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 houses and flats.

The service should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.

#### 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 manager would be in the office to support the inspection.

### What we did before the inspection

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

### During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. In addition, we spoke with 10 members of staff, the manager and the care services director. We looked at a range of records. This included two people's care records, recruitment files, training records, medication records and audits of the service.

### After the inspection

We continued to seek clarification from the manager to validate evidence found in terms of their quality assurance systems.

# 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 this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were kept safe. A staff member said, "We have had training around safeguarding issues, and it is regularly updated."
- People who used the service told us they were confident staff ensured their safety. One person said, "They are a lifeline to me and make me feel safe at home."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. The manager kept these under review and updated where required to ensure staff had access to information to support people safely.
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. We found regular carers were deployed to the same people as much as possible and they told us this helped build up trust and relationships. A relative said, "It is very good we have the same girls [relative] loves them and they know what to do."
- The manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed and lessons learned were shared with staff to improve the service.

Staffing and recruitment

- The manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the people in a person-centred and timely way.
- Effective recruitment procedures were in place. This ensured people would be supported by staff with appropriate experience and character checks were thorough. Staff confirmed this when we spoke with them.

Using medicines safely

- The management team had good systems and procedures to manage medication safely for people. They trained staff and regularly checked medication administration was safe and acted on any discrepancies through their auditing systems which we looked at.

- Care plans clearly set out when and how to support people with their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

# 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

- People received support from a consistent team of staff, who were aware of the support they needed. One person said, "They were thorough when we went through everything to make sure we got the correct support."
- Information gathered during the process helped to form a care plan with involvement from family and health and social care professionals to ensure an efficient service was delivered.
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. Staff said this included induction training and training to meet people's needs. Staff said they felt well supported by the management team management team and received one to one supervision sessions. Records looked at confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Peoples needs for nutrition and fluids had been considered. Records documented peoples likes and dislikes and identified any associated risks with eating and drinking.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 spoke to staff about their understanding of the MCA and were assured by their knowledge.

# 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. Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and kindness by caring staff and comments from people included, "They are the best agency, and have the best staff so considerate and kind." Also, "They all cannot do enough for me, they are my friends and family now."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- Staff asked people for their views about their care and respected the decisions they made. One person told us, "They always take notice on what we say that we need."
- People were supported to maintain their independence. Staff gave people time and guidance they required to carry out tasks themselves. This was confirmed by people we spoke with.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. The service provided a translation service should they support people from different backgrounds. Training was provided for staff to enhance their communication skills in order to provide a better service.

# 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. 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 received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their carers. Care records were regularly reviewed and showed changes were inputted where necessary.
- Information about people's social hobbies and interests was written in care records. A staff member said, "It helps we have shared interests."

### 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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A relative confirmed they had received this and would be confident to make any issues or concerns known to the management team.
- The manager assured us complaints would be taken seriously in accordance with their policy. We looked at records of complaints and found they had not received any.

### End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training. This was confirmed by the manager and staff spoken with.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a positive culture throughout the service which focussed on providing people with high standards of support and care. One person said, "They all care a lot and do extra than what they should, brilliant girls that come to me all of them."
- Staff told us they felt supported and valued by the management team. One staff said, "We are well supported by the manager."
- People and staff felt the service was consistently well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service should have 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. However, the manager was in the process of being registered by CQC and an application had been submitted.
- The management team had auditing systems to maintain ongoing oversight and continued development of the service. Completed audits had highlighted areas for improvement and action plans had been devised to ensure improvement would be made.
- Staff said they worked well as a team and people commented the service was managed well.
- The provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The management team were clear about their roles and responsibilities and understood their responsibilities under the duty of candour.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from them. This was confirmed from people we spoke with.
- The manager had an 'open door' policy, so people could contact them directly to discuss any concerns in

confidence. One person said, "Brilliant any minor issues have been dealt with straight away. The manager is approachable and encourages dialogue with the family and agency."

Working in partnership with others

- The manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. This was confirmed by discussions with the staff, relatives and management team.