

Meridian Health and Social Care Limited

Meridian Health and Social Care - Wakefield

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meridian Health and Social Care - Wakefield is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection there were 73 people being supported by the service. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People's care plans and risk assessments were not always reviewed in a timely manner. People were not impacted by this and we saw care records were detailed and person centred. Staff had not undertaken specific training related to supporting people with a learning disability, however people told us staff offered day to day choices and promoted independence for them. There were sufficient staff to provide support to people and staff were safely recruited. Medicines were managed safely, staff were assessed for competency and were trained to administer medicines.

Right Care

People and their relatives were positive about the care people received and said staff were kind. People told us they were involved in pre assessments and their wishes were listened to. Staff understood how to promote privacy and dignity and people told us staff were respectful towards them. Choice of meals and drinks were offered to people that met their likes and dislikes.

Right Culture

The provider's systems and processes that monitored and improved quality and safety required improvements. Feedback was not sought from people in an accessible way and relatives' feedback was not sought. Staff told us the manager was supportive and approachable and that staff morale was positive. People told us staff knew them well and they had a good rapport with staff.

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.

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 requires improvement (published 7 April 2020).

Why we inspected

We carried out an inspection of a newly registered service to give the provider a rating.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

Recommendations

We recommend the provider reviews the quality monitoring systems in place, to ensure records are up to date and feedback about the service is sought from people and their relatives.

We recommend the provider reviews the underpinning principles of Right support, right care, right culture and implements this into practice for people and staff.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meridian Health and Social Care - Wakefield

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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, flats and specialist housing. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 manager in post who was in the process of registering with us.

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 available to support with the inspection process. Inspection activity started on 21 September 2022 and ended on 23 September 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with eight staff and the manager. We spoke with seven people who used the service, six relatives and 1 professional. We reviewed the care records of ten people and three staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks.

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.

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

- Risks associated with people's care and support needs had not been consistently assessed. We found no evidence of harm to people and concluded this was a recording issue. Prior to our inspection the manager was aware of this concern and was currently reviewing people's risk assessments.
- Staff were knowledgeable about how to provide support to people and how to keep them safe.
- People and their relatives told us they felt safe. One person said, "The staff always make me feel safe" and, a relative said, "Staff keep [name] very safe. They are a really good advocated for [name]."
- Systems were in place to monitor accidents and incidents. The manager reviewed records and considered any learning to reduce reoccurrence. The provider had oversight of accidents and incidents to monitor any trends or patterns.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff understood how to protect them from abuse and how to report concerns.
- Staff received training in safeguarding and felt comfortable to raise concerns. One staff member said, "I know the signs to look out for and would report any concerns to my manager."
- The provider had systems in place to report concerns to external agencies, including the local authority and CQC.

Staffing and recruitment

- There were enough staff to safely meet people's needs.
- People received support from a core team of staff who they were familiar with. One person told us, "I know the staff, I don't like different ones, but they send me the same [staff]." A relative told us, "It is a stable care team, it is the same staff and it helps with the continuity."
- Staff were recruited safely. Records showed a range of employment checks and Disclosure and Barring Service check (DBS). A DBS informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- People and their relatives said staff always attended calls and were usually on time.

Using medicines safely

- Systems and processes were in place to ensure safe administration of medicines.
- Staff were suitably trained and had competency assessments before they were able to administer medicines. The manager had recently introduced medication training workshops for staff to strengthen their knowledge around the safe administration of medicines.

- Medicines audits were in place on a regular basis to ensure people received their medicines safely.
- People said they received their medicines on time and staff supported them. A relative told us, "Staff provide [name] with medication, they give them on time and there has been no errors."

Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection.
- Staff were provided with enough personal, protective equipment (PPE) and had received training in preventing and controlling infection. One staff said, "I have completed Level 2 infection control training. This gives guidance on how to stop the spread of infection using PPE, hand washing and disposing of soiled PPE."

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.

Staff support: induction, training, skills and experience

- The provider had an induction and training programme in place for staff. However, training required to support people with learning disabilities was not actively provided to staff.
- The manager was unaware of specific guidance providers must follow to ensure they are meeting the principles of Right care, right support, right culture for people who have a learning disability or autism. During the inspection the provider and manager were signposted to this guidance.

We recommend the provider reviews the underpinning principles of Right support, right care, right culture, implements this into practice for people who they support and provide appropriate training for staff.

- Staff told us how they promoted good outcomes for people, offered choice and promoted independence.
- Staff had an induction, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided. Staff said they were confident to support people following their induction.
- People told us staff were competent. One person said, "I get on with the staff very well, I can ask them anything. You can trust them. I feel safe and I am well looked after."
- Staff received supervisions and appraisals with the manager, to support them in their roles. One staff said, "I have regular meetings with my manger, they are supportive."

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

- People's needs, and choices were assessed. However, care plans were not always consistently reviewed. The provider was currently taking action to provide reviews of support needs and we found no negative impact to people.
- People received assessments prior to starting with the service to make sure their needs could be met. People's cultural and religious needs were assessed to ensure any individualised needs could be met.
- Staff told us they received enough information about people's needs before they began to support them, and the manager ensured any changes to people's needs were promptly communicated to staff.
- Relatives told us they were involved in formulating packages of care, in line with people's wishes. One relative said, "We were both involved in care plans, an assessment was done before care was provided. Staff know what [name] likes and dislikes are, and they know [name]."

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

- People who required support with meals told us they were happy with how staff supported them. They said staff gave them choices of the meals and drinks they wanted.

- Staff ensured people remained as independent as possible. One person said, "I set the table for my meals and staff do the cooking." Another person said, "I can heat my meals, but I can no longer cook, so the staff will cook me things and leave them for me to heat up when I want them."
- People's nutritional and hydrational needs were assessed and any requirements were recorded in their care plans.

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

- People were supported, where required to have access to healthcare services.
- The manager had recently introduced coffee mornings with a local opticians to encourage people to have an eye check and improve social inclusion.
- People and their relatives told us staff contacted healthcare professionals when needed. One person said, "If I need the district nurses for anything, staff contact the nurses for me, and they come out." A relative said, "Staff have contacted the Doctor's before, they are on the ball and know [name] well."

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

- People were supported with decision making in line with the principles of the MCA. People were able to make day to day decisions for themselves such as food, clothing and personal care.
- The manager and staff team were trained and knowledgeable about the MCA and what this meant in practice.
- Where best interest decisions were required, the service involved other relevant agencies and relatives to ensure decisions were made in line with people's wishes and in the least restrictive way.

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 and their relatives told us staff were kind and caring.
- Feedback we received during the inspection was extremely positive about how staff treated people. People said, "Staff are very kind, I can ask them anything and they listen to me. I wouldn't want to be anywhere else" and, "Staff care for me well, they communicate with me which I think is the main thing."
- One relative said, "Staff are brilliant, very kind and caring." Another relative said, "The care is wonderful, the staff give [name] choice, even with simple things like how they want to be washed. They always ask how [name] is and they even ask me every day how I am doing."

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in decisions about their care. Staff treated people with dignity and respect and knew people well.
- Staff promoted independence. For example, one relative told us that their loved one's mobility had increased since using the service, due to staff support and encouragement.
- People received regular welfare telephone calls from the management team to ensure they could express their views and discuss any changes they may want to make.
- People told us staff were respectful towards them. One person said, "Staff always make sure the curtains are drawn and doors shut etc to keep me private" and a relative said, "Staff respect [name] dignity, they wash and dress [name], but if they feel ok that day they do it themselves."
- People told us staff respected their wishes, they felt listened to and that they made choices about how they liked to be cared for. For example, one person requested to change the time of their call in the morning and this was implemented.

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

- People's individual needs and wishes were met and people told us they had choices.
- People had a care plan which was formulated at their initial assessment. Care plans were person centred, detailing how people preferred their care to be provided.
- Care plans were available to staff for guidance on how people wished to be cared for. Any changes were communicated to staff. One staff said, "I get to know peoples likes, dislikes and routines by reading the care plan and asking the person. I build a rapport and promote choice."
- Relatives told us people received personalised care. One relative said, "We had a meeting to discuss care and we were asked what [name] wanted. They have done what we asked for. Staff are brilliant, they can even make [name] laugh, they have a joke. I wouldn't want anyone else to come." Another relative said, "The staff do an absolutely brilliant job. [Name] told staff how they wanted a wash and what toiletries to use, and they do this."

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.

- People's individual communication needs were assessed and documented in their care plans.
- Care plans were offered to people in accessible formats dependent on people's needs. For example, large print if people had sight difficulties.
- People were positive about how staff communicated with them and people said they never felt rushed by staff.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to deal with complaints in a timely manner and
- People and relatives were provided with information on how to complain. A relative said, "I have never had to make a complaint, but when I have raised things it has always been dealt with and in good time."

End of life care and support

- People were not receiving end of life care at the time of our inspection. The manager was aware of how to meet people's needs and wishes should end of life care be needed.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Systems were not in place to engage with people and drive improvements for the service.
- Feedback was not always sought from people who use the service in an effective way. People told us they were unable to complete satisfaction surveys due to the formats they were in. For example, one person could not see the questions, and another could no longer write.
- Feedback was not sought from relatives or external healthcare professionals. Relatives told us they had not been asked for feedback and records confirmed this.
- Audits were in place for medicines, call logs and daily logs. However, care plans and risk assessments were not always audited in a timely manner. Meaning some people were not given the opportunity to review their care needs and wishes.

We recommend the provider reviews the quality monitoring and auditing systems in place, to ensure records are up to date and feedback about the service is sought from people and their relatives.

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

- The service promoted a positive culture for people, their relatives and the staff team.
- People and were positive about how the service was managed and the support they received. One person said, "I don't want any changes, I would say if I did, I am happy with how things are. If I need things changing, they do this for me."
- Staff told us the manager was supportive and staff morale was good amongst the team. Comments include, "The manager or seniors are always there if I'm concerned about anything and are always really helpful" and, "I feel supported in my role because I know if I ever have a problem I can contact my manager."

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

- The service had an open and honest culture. The manager and staff team understood their roles and responsibilities.
- The manager was aware of their responsibilities under the duty of candour and notified the relevant authorities, including local authorities and CQC where required.
- The manager monitored staff performance, through call log audits, spot checks, appraisals and team

meetings.

- Relatives spoke positively about the service. One relative told us, "It is s a well-run service. Staff know what they are doing." And another relative said, "If I have any niggles they are sorted out. Any problems I can speak to staff or manager and it is sorted."

Working in partnership with others

- The service worked in partnership with other agencies such as local authorities and healthcare services.
- One professional told us, "Nothing is too much for the team or the manager, I'm extremely happy to work with them."