

Meridian Health and Social Care Limited

Meridian Health and Social Care - Nottingham

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?

Good ●

Summary of findings

Overall summary

About the service

Meridian Health and Social Care, Nottingham is a domiciliary care service providing personal care to people living in their own homes supporting them to remain as independent as possible. The service provides support to people living with dementia, learning disabilities or autism, people with mental health needs, older people, physical disability and sensory impairment. The service provides care and support to 170 people, 114 people were receiving support with personal care.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Records for medicines administration and governance and oversight arrangements were in place and completed. The provider's policy framework was up to date, comprehensive and was followed. Audits were completed regularly and any shortfalls identified were addressed and learning taken from this to continually improve the service.

Care plans and risk assessments were in place to help reduce risks and promote safe care for people. Systems kept people safe from the risk of abuse and avoidable harm. Risks from infection transmission, including COVID-19, were assessed and actions in place to reduce risks.

Recruitment processes were followed to check staff were suitable to work with vulnerable people. There were enough staff to meet people's needs. Assessment processes helped to inform people's care plans and people using the service were involved in this. Advice and guidance from other health and social care professionals to help provide people with effective care were included in care plans. Staff were provided with training relevant to people's health and care needs. People were assisted with relevant nutritional support where this was part of their care.

People received care from friendly and caring staff. Staff understood how to promote people's independence and respect their privacy and dignity. People's equality and diversity needs were respected. People were listened to and involved in their care decisions.

People received personalised care and their choices were respected so they retained control over their lives. Staff knew the people they cared for and provided responsive care. People were supported with any communication needs they may have. Care was provided in a way that helped to reduce social isolation and promoted people's relationships with others. People were able to provide feedback or raise complaints which were listened to and responded to.

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

Rating at last inspection

The last rating for this service was good (published 15 August 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 - Nottingham

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 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 7th September 2022 and ended on 29th November 2022. We visited the location's office on Thursday 8th September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection to help plan the inspection and inform our judgements. We sought feedback from Nottingham City's Adult Safeguarding and Quality Assurance Team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 of this information to plan our inspection.

During the inspection

We spoke with 7 people and 3 relatives of people who used the service about their experience of the care provided. We spoke with 6 staff members this included 2 carers, a care coordinator, a team leader, the registered manager and the regional manager.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained 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.
- Staff we spoke with understood the signs of potential abuse and were confident to report any concerns to their managers and the local authority safeguarding team. Staff were trained in safeguarding and had their knowledge checked by managers. This helped to reduce the risk of avoidable harm to people.
- Incidents were reviewed and investigated, and actions taken to reduce recurrence.
- We observed safeguarding policies were in place and up to date. We reviewed safeguarding referrals made to the local authority and this had helped keep people safe.

Assessing risk, safety monitoring and management

- People were protected from risk associated with their support.
- Care plans contained up to date risk assessments, including environmental risks, based on people's individual needs and provided clear information for staff to follow.
- A care plan we reviewed had identified that the person was at risk of skin breakdown. The action to take to reduce this risk was clear for staff reading the care plan and areas of risk were highlighted on a body map.
- This meant that people were receiving the correct care to keep them safe from harm.

Staffing and recruitment

- The service had sufficient staff to support people and people told us they generally received their care call when it was expected. One person we spoke with told us, "Sometimes things happen, staff get held up, and I understand they may be late. They usually let me know when that happens."
- Staff were recruited safely following an up-to-date policy, which was in line with government guidance, and the 3 files we reviewed reflected this.
- Recruitment processes for new staff included all required checks including application form, interview notes, references, checks on any employment gaps and a Disclosure and Barring Service check prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed induction training and worked alongside an experienced staff member, shadowing, before working independently. One staff member told us, "Shadowing is really valuable, it helped me see how to do things that I had been told about on induction and training."
- The recruitment and training that the provider had put in place supported with ensuring staff were appropriate to work in a health and social care setting. One person we spoke with told us, "I have had a very good experience of the service and staff, I have found them to be very effective and they have helped me a

great deal."

Using medicines safely

- Medicines were managed safely, and people received the correct level of support to ensure they received their required medicines. This was documented clearly in their care plan.
- We reviewed medication administration and recording, (MAR) charts. These had been audited to identify any issues which were addressed by the registered manager.
- A care plan we reviewed contained information on the use of specific medicines, creams that were prescribed and where to apply them, and ordering medicines including as required medicines .
- Another care plan reviewed noted that observing the person taking oral medication, which was recorded in their care plan and on the MAR chart, was an action to reduce the risk of the person not taking required medicines.
- Having clear, person-centred care plans and risk assessments for medicines meant people were supported to remain well.

Preventing and controlling infection

- People were protected from the risk of infection.
- We observed the provider had an infection prevention and control policy and ensured staff had appropriate personal protective equipment, (PPE) to use when providing care. Any changes to the use of PPE were shared through team meetings.
- The service worked in line with government guidance which meant people were supported in a way that protected them from risk of infection.

Learning lessons when things go wrong

- The registered manager was open and honest when things went wrong and promoted a learning culture within the service.
- The care coordinator told us, "If there is an issue, like a medication error, the out of hours manager sends an email report to us. The team leader will review it then we will retrain and reassess the staff member."
- We reviewed information on incidents and accidents. These were reviewed, themes identified, and learning shared with staff at team meetings.
- Learning and sharing learning with the team when things went wrong. meant the provider constantly improved the service people received.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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's needs, and choices were assessed before the service started. We reviewed assessment documents and the care coordinator told us, "No one starts a package of care without an assessment and a care plan in place. We work with social workers and other professionals to get a full picture of the person."
- One care plan we reviewed contained information regarding a Best Interest decision for the person. Consideration was given to this to ensure the service was working in line with legal frameworks.
- People told us they were involved in their assessment and care planning, as well as reviews, which meant information was person centred and up to date. One person told us, "There's a review every year, they ask about any changes, they know how to support me and act on my wishes."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. Consent to care and treatment, in line with the law and guidance, was seen to be recorded in people's care plans.
- People's capacity was considered and people's right to make an unwise decision, when deemed to have capacity, was seen highlighted in 1 person's care plan.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an appropriate induction, training and shadowed experienced staff to prepare them to effectively and safely carry out their role.
- We reviewed the providers training matrix and staff we spoke with were able to tell us what training they had attended as well as specific training including diabetes awareness.
- Staff received ongoing support through supervision and were able to develop their knowledge and skills. The team leader told us, "I recently completed train the trainer training for moving and positioning so that I can train staff."
- We reviewed evidence during the inspection, and staff told us they received training, which was regularly updated, this meant people received care from trained staff who could provide safe and effective care.

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

- People who required support to ensure they ate and drank enough was identified through assessment so that they received the correct support to maintain a balanced diet and their health.
- A care plan we reviewed contained clear information about the support the person needed to ensure they had eaten and drank, to check with the person and offer them a meal of their choice.
- Care plans we reviewed contained information for staff about support people required with eating and drinking and included risks, for example dehydration and constipation. Clear information about preferences and care needs with food and fluids meant people were supported to maintain their health.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans contained information about other agencies and professionals involved in their care and contact details should staff need to update them on any concerns.
- The team leader told us, "We liaise with GPs and district nurses. If I assess a person with a pressure sore or catheter care I get those details on assessment and we report any issues right away."
- Effective working with other agencies meant people received holistic and effective care.

Supporting people to live healthier lives, access healthcare services and support

- We reviewed 3 care plans which contained information about healthcare professionals and services people accessed.
- One relative told us they supported their family member with attending appointments, they said, "But I know staff would help [Relative] if they needed help."
- Staff and people using the service recognised the positive impact on people's mental wellbeing that their visits could have. One person told us, "It isn't just a wash and a cup of tea, the staff talk to me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Feedback from people and their relatives demonstrated that people were well treated by staff who were respectful and treated them as individuals. One relative told us, "I know [Staff member] is respectful and treats [Relative] with dignity."
- The registered manager encouraged staff to think about equality and diversity. We reviewed an email that the registered manager had sent to staff celebrating different cultures and foods.
- We observed information in the care plans we reviewed on people's backgrounds and spiritual beliefs if the person wished to share this at assessment.
- A staff member told us, "Caring is life, we care for people, protect and respect them, we protect their dignity." These values meant people receiving care were respected and their individuality valued.

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

- The registered manager provided people, and their relatives, with the opportunity to give feedback about the service through an annual survey and there was information available on advocacy services.
- A person we spoke with told us about their experience of wishing to reduce their hours of support. "I explained what I wanted to do, staff checked I was sure and offered for me to get in touch if I needed to build the hours up again."
- Providing people with the opportunity to give feedback on the service, raise concerns or complaints and make decisions about their care empowered people using the service.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and relatives was positive and evidenced that people, and their homes, were respected, their independence was encouraged, and they were treated with dignity.
- A person we spoke with told us about the support they received with personal care and how staff promoted their independence. "They bring me the things I need and leave me to it; they always close the door behind them and don't walk in on me."
- Staff told us they received training in promoting people's dignity and respect. One staff member told us, "When I support people with personal care, I make sure curtains are closed, I close the door and make sure people feel regarded and respected."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 had choice and control over their care which was personalised to meet their needs and preferences.
- The service had person centred care plans in place for people which they, and relatives, had been involved in developing. One person we spoke with told us, "The care plan feels like it's about me."
- We spoke with the team leader who told us, "Care plans are unique to the person, what they like, what they prefer, and how they like things done so staff provide personalised care."
- Staff understood the importance of supporting people's choice, preferences and control over their care. One staff member told us, "It's important to give people choice, help to build their confidence and trust, they are the boss."

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.

- The service considered people's communication needs and we observed this was documented in people's care plans. One care plan we reviewed contained information on the person's hearing loss and use of a hearing aid.
- A staff member told us, "The care plans are put in sections – capacity, memory, and communication needs to help staff to see information clearly and support people effectively."

Improving care quality in response to complaints or concerns

- The provider ensured complaints and concerns were investigated and responded to in order to improve the quality of care.
- During the inspection we found that the provider had robust processes in place, together with their complaints policy, for the management of complaints and concerns.
- We spoke with the registered manager who told us, "It's rewarding to be able to resolve someone's complaint or concern, it's motivating for us to get it right."
- We reviewed the complaints folder which evidenced who investigated the concern, what actions were taken, whether the complaint was upheld, and if a care plan review was required.
- The registered manager communicated outcomes and changes to ways of working to staff through staff meetings, which we reviewed minutes of, to improve quality of care.

End of life care and support

- Peoples wishes in relation to end of life care and support were sensitively addressed.
- End of life care was discussed as part of the assessment and reviews carried out by the provider. We saw 1 care plan contained information regarding the person's wish to not be resuscitated (DNAR) in the event that this may be required, and another person's care plan noted that they did not wish to discuss end of life care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager was actively involved in the day to day running of the service, their values and experience created an inclusive and person-centred culture. The registered manager spoke passionately about caring for people who used the service and staff, "I like connecting with people, it's rewarding caring for people."
- The registered manager told us that supporting the staff team helped to build a positive culture which achieved positive outcomes for people. We observed that the registered manager had created an "achievement wall" of pictures and thank you cards from people for the recognition of staff achievements.
- Spot checks were carried out by the team leader to observe staff practice. We reviewed care plans which were up to date and person-centred.
- All of these actions supported a positive staff culture and an empowering service focussed on supporting people to achieve positive outcomes.

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 registered manager told us, "Being open and honest with people and their relatives, staff and partner agencies about any concerns raised is vital."
- During inspection we reviewed incident reports and communication with the local authority, as well as complaints investigations, which evidenced open and honest communication from the provider.

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

- The staff we spoke with, and the registered manager, were clear about their roles within the service including reporting and making statutory notifications, and who to escalate any concerns to.
- A staff member told us, "Care staff understand the structure of the business, for example if there is an issue with a care plan, they speak to the team leader."
- We reviewed audit documents, issues identified and actions following on from them which demonstrated that the registered manager understood quality performance. This meant the service was working to continuously improve and risk was managed through these processes.

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

- During the inspection we saw evidence of engagement with people using the service, relatives, other professionals, the staff and the public.
- The registered manager told us they worked with local students to promote working in care, showing students there is a career in care work and it does have pathways for progression.
- A staff member we spoke with told us they were a "care ambassador" and attended schools, colleges and job fairs. "We have ambassador meetings and speak with the management team on behalf of care workers, we discuss any problems and any changes."
- We observed photographs on the wall in the meeting room which evidenced that the staff were involved in local fundraising. The registered manager told us, "We make it fun, and it helps us to be a part of the local community."

Continuous learning and improving care

- The provider demonstrated a culture of continuous learning and improvement through their responses to issues and information shared at staff meetings on learning from incidents and issues.
- We reviewed an analysis of incidents carried out by the registered manager to identify any themes and trends and action to address these.
- The registered manager told us they attended provider forums to share experiences and knowledge, keep up to date with legislation, and support their continued learning and development.
- The providers commitment to learning and improvement meant people continued to receive a good quality service.

Working in partnership with others

- The service worked in partnership with people, their relatives, people in the local community, local authority and other professionals.
- We reviewed a jobs pledge between the provider and local authority which pledged to offer employment to local people.
- A staff member we spoke with told us about working with the local authority after they spoke with a person who needed some additional help. "We contacted the local authority and explained this, and they increased the persons hours so that we could help them with shopping."
- Collaborative ways of working helped to ensure all aspects of people's care needs were met.