

Mendip Care Ltd

# Mendip Care Ltd

## 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

Mendip Care Ltd is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who require support due to needs relating to their age. 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 19 people using the service receiving support with personal care.

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

People were protected from abuse and avoidable harm. Staff knew how to identify and report any concerns and would be confident in doing so. Risks to people were managed in a way which respected people's rights.

People were supported by enough staff to ensure they were safe. Staff were recruited safely and people's medicines were managed safely.

People were cared for by staff who were appropriately trained. Staff were kind, patient and respectful. People had developed a good, trusting relationship with staff caring for them.

People were encouraged to make their own decisions, which were respected by staff. People, and relatives, were able to express their views and they said they were listened to.

People's care was kept under review to meet their changing needs. People had the health care support they needed.

People, relatives and staff had confidence in the management of the service. There was a clear ethos for the service; to provide good quality, person centred care for people in their own homes.

The provider carried out regular audits, visits and held various meetings to review/share practice and review quality. Complaints, concerns and compliments were used as part of the improvement process for the service.

There was good partnership working with external agencies, other care providers and professionals who supported people's care.

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

This service was registered with us on 22 June 2021 (but only started providing care to people in January 2023) and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this 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 ●

# Mendip Care Ltd

## 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

This inspection was completed by 1 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 who was also the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available to support the inspection. Inspection activity started on 13 July 2023 and ended on 27 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location's office on 21 and 27 July 2023 where we spoke with the registered manager and the deputy manager. During the other dates, we spoke on the phone with 5 people using the service, with 2 relatives and 6 care staff. We reviewed 4 people's care plans and associated records. We looked at 1 staff file in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included the current plans for service improvements, various audits, compliments records, staff training, staff meeting minutes, infection control audits and associated policies.

# 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

- People, and their relatives, told us they were protected from the risk of harm and abuse. One person said, "The carers are very nice. I feel safe with them."
- Staff knew the signs of abuse to look out for and told us they would report concerns to one of the managers to ensure action was taken to keep people safe. One staff member said, "I have not had any problems with safety at all. I think clients and staff are safe."
- There were appropriate policies and procedures in place to protect people from the risk of abuse.
- Safeguarding concerns were reported to the local authority teams correctly and the provider knew what actions were needed to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. People had personal risk assessments relevant to their particular needs. For example, when staff used mobility aids to support people's care, there was a plan in place to reduce the risks to the person and to staff.
- People and staff were protected from environmental risks. Potential risks and hazards within people's homes had been identified and risk assessments were in place with guidance for staff about how to mitigate identified risks.
- The registered manager and deputy manager showed us how the care planning system would 'flag' if staff thought there were any changes to the risks to people during each care visit. If so, the risk assessment would be reviewed immediately. The registered manager said, "We can see all the information 'live'. Any issues are picked up and we get an alert. This makes sure we can keep people safe."
- Staff knew people well and told us they cared for people safely. One staff member said, "I think so, yes, we care for people in a safe way."

Using medicines safely

- Staff supported some people with their medicines. Other people took their own medicines or were supported by family members. One relative said, "The care [person's name] needs is shared between me and the carers. I do some of the care myself. I do all of his medicines."
- People received their prescribed medicines on time and in a safe way. Policies and procedures were in place and staff demonstrated knowledge of people's needs relating to medicine support.
- Staff were suitably trained to administer medicines. Staff competencies were formally assessed before they were able to give medicines to people.
- Medicine administration records were used to record whether people had taken or declined their prescribed medicines. One staff member told us, "Medication, you have to record that as soon as you have

given it. I always ask the client if they wish to take it, and is it ok to record it." People's records were audited to ensure they were accurate and that there had been no medicines errors or omissions.

#### Staffing and recruitment

- People, and their relatives, told us they received care from staff who arrived on time, stayed the duration expected, and had built good relationships with them. One person said, "The carers are on time. I like to keep them regular as we can build a bit of a bond with them. They know how I work, and I know how they work."
- People were supported by staff who had been recruited safely. Full employment histories had been provided, and any gaps were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were of good character and safe to support people in their own homes.
- All staff had appropriate right to work checks, health checks and relevant checks about any convictions and cautions. This information helped the provider make safer recruitment decisions.
- The provider had been successful in hiring staff from overseas. They had the relevant licence to sponsor these staff and provided ongoing support to them. One staff member said, "I learned about the job and also how it would be living here [in the UK]. We learned how to use the train and buses, and had help with driving and getting to know the roads here, so it was easy to transition to living here."

#### Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves and aprons when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This included COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.

#### Learning lessons when things go wrong

- People received safe care because staff learned from any accidents, incidents or 'near misses'; any learning was shared with all care staff. Staff recorded and reported any accidents, incidents or near misses using the on-line system. This system created an alert for the managers who then reviewed the report. One staff member told us, "The [on-line system] is good. There are options to raise alerts, to contact the managers and report any issues."
- Incidents were discussed with staff to enable them to understand what had gone wrong and what needed to be changed to ensure they did not happen again.



# 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

- The registered manager and deputy manager obtained full details of the care people required. Then they completed their own assessment of people's care needs before agreeing to provide care. This helped to ensure people's needs could be met. One relative told us, "[The registered manager and deputy manager] came to see us and did a formal assessment. After this was done, the care started the next week. [Person's name] has been having care for 2 weeks now. So far, I am very pleased with it."
- Should people have needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, gender and religion, these needs would be identified as part of the assessment process.
- People's care plans were comprehensive and personalised. They included people's physical, emotional and healthcare needs and when/how staff should provide care.

Staff support, induction, training, skills and experience

- People, and their relatives, told us they were cared for by staff who were appropriately trained. One person said, "I feel the staff are trained in all care elements and then they get to know me and what care I need."
- Staff completed an induction and the Care Certificate to ensure they had the knowledge to care for people in an effective way. 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.
- Staff told us they felt well trained. One staff member told us, "The training has been very good. There is nothing I do which I have not been trained in. The company policy is to provide ongoing training, which they do. We recently had end of life training, which was very good."
- Staff training records showed staff had completed training in areas such as health and safety, first aid, nutrition, person centred care and how to care for people who were living with dementia.
- Formal supervision meetings with staff were held. Records of meetings showed a range of discussions, including any support staff required and any further development or training requirements. One staff member said, "I have had a supervision. This is a 1 to 1 meeting with the manager. We get a minimum of 5 days to prepare for them. There is an agenda. It is quite relaxed, you can bring up anything you want to talk about. I think it was constructive."
- The registered manager also carried out competency checks on care staff. One staff member told us, "I have had 1; this was when they came to watch me work with 1 client, just do what I usually do. It was an observation and it was fine."

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

- People told us they were supported to eat and drink enough. They chose what they wanted to eat or drink

and this was respected by staff.

- Staff recorded what had been drunk, eaten or offered, so intake could be monitored to ensure people were eating and drinking enough. This information would also be shared with healthcare professionals when necessary.

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

- People told us they had the right healthcare professionals involved in their care, such as GPs, dentists and district nurses. Care staff supported people to contact professionals if people needed help. One relative said, "The carers are helping [a health team] to help me. The registered manager was here yesterday as that team were here. They wanted to show the exercises [name] needs to do so the carers can help him. This gives me time to do some other things knowing he is safe and being cared for."

- People's care records included guidance for staff to follow about health related needs. There were clear systems and processes in place for referring people to external services, such as their GP or district nurses, to ensure any changes in their health or care needs were identified quickly and action taken.

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 told us they made their own decisions about their care. Staff asked for consent before providing care and consulted professionals involved in people's care, and their family members, when necessary and only if people agreed. One person said, "They [staff] tell me what they are going to do. They make themselves known to me. They talk very nicely. They are very kind and understanding. They give me time and can change the way they do things to make sure it meets my needs."

- Details of others involved in people's care, who could support with decision making or advocate on their behalf, were recorded in care plans. One relative told us, "I have power of attorney, so I am always involved in all decisions about [person's name] care."

- None of the people currently being cared for had any need to be deprived of their liberty.

# 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 treated people with compassion and respect. Staff were caring and supported people in a kind way, respecting their choices.
- Comments from people included: "We have very, very nice staff. They are polite. They are very friendly and pleasant" and "The lovely ladies come in to help me. I'm very happy with them. They are lovely ladies."
- A relative told us, "They have been brilliant so far. The carers are very good."
- Staff felt they treated people with kindness and consideration. Each person was seen as an individual and treated as such. One staff member said, "We are always told to make sure the clients are happy. All of the clients seem very happy with the care."

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

- People said they made decisions about their care and these were respected. Relatives told us their family members were always listened to.
- People were able to contact the registered manager or the deputy manager when they needed to discuss their care and support. One person told us, "Oh yes, I phone [the registered manager]. She helps me and I ask her advice on things. I have spoken to her and [the deputy manager] several times. They are always happy to listen to you."
- People's relatives knew who the managers were and how to contact them. One relative said, "I speak to [the registered manager and deputy manager]. They also visit us at home."
- Staff told us they encouraged and supported people to make their own decisions. One staff member said, "We follow what each client wants us to do."

Respecting and promoting people's privacy, dignity and independence

- People, and their relatives, told us staff treated them with dignity and promoted their independence. People did as much for themselves as they could and staff did not try to take over or intervene. One person said, "I need help with washing and dressing in the morning. They [staff] will tidy up the kitchen and the bedroom for me while they are here. Other things I can do for myself, which they let me do. Never a problem."
- People's care records were stored securely on the provider's on-line care planning system. Staff had to log in securely. This ensured people's information was kept confidential and in line with regulations.

# 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

- Staff provided people with personalised care in line with their care plans. People's plans contained information about their needs, their healthcare, any routines they had and equipment they used. One relative said, "The carers are left on their own to do the care. It is all in the care plan and this is followed. It makes a big difference to me having them here. They are all extremely helpful."
- Staff told us they respected people as individuals. Staff said they knew what care people required. Care plans and individual care 'tasks' were viewed by staff using the on-line system at each care visit. This ensured staff had the most current and relevant information needed to be able to provide safe and effective care. One staff member said, "The system has care plans, daily logs and care tasks. It really helps me out a lot as it is up to date."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The service was relatively new but the registered manager had started to hold care reviews with people, including their family members if this was appropriate. Staff told us the on-line care planning system made it easy to update people's plans as and when required. The provider's auditing system also checked if care plans were up to date.

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 communication needs were assessed initially and recorded in care plans. None of the people currently receiving care used adapted communication. However, people's needs in relation to memory, speech, sight and/or hearing associated with age or health conditions were considered and reflected in their care plan.
- The provider understood the Accessible Information Standards. Information could be adapted for any future people that required information in a more accessible form, such as large print.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint. One person said, "If I had any problems at all I would speak to [the registered manager or the deputy manager]. I would have no hesitation to discuss any problem in detail. I could also

put it in writing, and I would send you [the CQC] a copy as well."

- People and relatives told us any minor issues were dealt with informally and resolved quickly.
- The registered manager told us any complaints and concerns raised would be taken seriously and investigated in an open and honest way.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

# 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and deputy manager shared a clear ethos for the service; to provide good quality, person centred care for people in their own homes.
- Each person we spoke with was very happy with their service. Some people told us this service was much better than the care they had received from other similar care providers. Relatives were happy with the care and support their family member received. Comments included: "I am more than pleased so far. Very pleased with the care", "So far, we are very happy" and "They come in every morning to help me. I am very happy with the care."
- People and their relatives all spoke highly of the management team. One person said, "[Name of the registered manager] is very nice. Very helpful."
- The service would apologise to the person, and those important to them, if and when things went wrong. Staff would give honest information and suitable support, and apply the duty of candour where appropriate.

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

- Staff told us they felt valued and listened to by the management team. We saw that staff had supervision and support appropriate for their job roles. One staff member said, "I think the company is well managed. At any given time we can be in contact with the managers. We always call if we have a problem or are unsure about something. They are always available. I can't think of a time when I couldn't get hold of them."
- There were effective quality assurance systems in place. The on-line system used could produce a variety of quality reports such as any delayed or missed care visits, medicine errors, care plan updates required and staff training statistics. Staff observations were carried out by the registered manager to review the quality of care being provided. Both the registered manager and deputy manager also had regular informal contact with people and staff, often speaking with people on the phone. These quality assurance systems helped create an open, improvement based, supportive culture.
- There were clear processes in place to ensure any learning was shared with staff and staff could raise any issues or concerns with managers. There were regular staff meetings, which all care staff attended. These were arranged when no care visits were due to allow staff to attend. Records showed that when staff raised issues, such as needing more travel time between care visits, they were listened to and their views acted upon.
- The management team were proud of their care team and the quality of care they provided. Staff were

positive about the care they provided to people and were clear about their roles and responsibilities.

Working in partnership with others; Engaging and involving people using the service, the public and staff

- People were involved in the management of the service. They spoke with staff or gave feedback about the service they received. One person said, "I like to let them know how well things are going and to say thank you. I think it's important they know." Relatives told us communication and engagement with them was good.

- The service worked in partnership with a number of different health and social care professionals, including the local authority and local healthcare services. The provider had become a member of the local care providers association and had attended events organised by them where they were able to form good links with other care providers and share good practice. They also worked closely with the local authority quality team and the workforce development and planning body for adult social care in England.

- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.