

Meridian Health and Social Care Limited

Meridian Health and Social Care - Burnley

Inspection report

Unit 2
Dominion Court, Billington Road
Burnley
Lancashire
BB11 5UB

Tel: 01282433135

Website: www.meridianhsc.co.uk

Date of inspection visit:

15 March 2022

16 March 2022

Date of publication:

22 April 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

Meridian Health and Social Care – Burnley is a domiciliary care agency registered to provide personal care to people in their own homes.

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 the inspection, 67 people were using the service, all of which were receiving support with personal care.

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

People and their relatives spoke positively about staff and told us they were happy with the service they received. People confirmed staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Risks were assessed and monitored, which reduced the potential of avoidable harm. People were also protected from the risks associated with the spread of infection. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

There were sufficient staff to support people and safe recruitment procedures were followed. People were supported by staff who had been appropriately trained and were skilled in their role. Staff told us they were regularly supported through supervision.

People told us they felt safe with staff. Effective systems were in place to ensure people's safety. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents. People were supported to access healthcare services, as appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. Staff understood the importance of respecting people's diverse needs and promoting independence.

People and their relatives told us staff were caring and showed kindness, sensitivity and respect. People and where appropriate their relatives had been consulted about their care needs and were involved in their ongoing care and support. People and their relatives had access to a complaints procedure, if they wished to raise a concern.

The management team carried out a number of audits to check the quality and safety of the service. Spot checks were carried out to monitor staff performance. People were asked for their views and their suggestions were used to improve the service and make any necessary changes.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 14 June 2018.

Why we inspected

This was a planned inspection following a change in the provider.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Meridian Health and Social Care - Burnley

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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager told us they had begun the process to register.

Notice of inspection

We gave short notice of the inspection, because we wanted to ensure the manager was available to support the inspection.

Inspection activity started on 15 March 2022 and ended on 16 March 2022. We visited the location's office on both days.

What we did before the inspection

We reviewed information we had received about the service, including information from the provider about

important events that had taken place at the service, which they are required to send us. We also sought feedback from the local authority.

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

During the inspection, we visited the office and spoke with the manager, the area manager northwest, the regional director north, the team leader and the care coordinator. We also spoke with seven people using the service, three relatives and three members of staff over the telephone.

We reviewed a range of records. This included three people's care records and associated documentation including medicines records. We also looked at the staff training records and a variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

The manager confirmed they had submitted their application to register with CQC. The manager also sent us a copy of an action plan to address areas for improvement from the latest satisfaction survey.

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 were protected from the risk of abuse or avoidable harm. One person told us, "The staff are very friendly, I feel safe with them." Relatives had no concerns for the safety of their family members. One relative said, "I know [family member] is safe with the staff. They have taken time to understand their needs."
- The manager and staff understood safeguarding matters and were aware of when to report incidents and safeguarding concerns to other agencies. All staff had received regular training in safeguarding vulnerable adults.

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

- Risks to people's personal safety were assessed, monitored and managed effectively. People's care plan documentation included a series of risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- There was a system to record and investigate any accidents or incidents. Whilst an overall log of the accidents and incidents had been compiled, an analysis had not been carried out to identify any patterns or trends. The manager and area manager gave assurances this would be implemented with immediate effect.
- Various methods had been established to ensure any lessons learned from any incidents or observations of people's care were quickly communicated to the staff team.

Staffing and recruitment

- A sufficient number of staff was deployed to meet people's needs in a person-centred way. People told us they usually received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. One person told us, "They do everything I want them to do, in a very nice way."
- The manager and care coordinator prepared the staff rota in advance to ensure people received appropriate support.
- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Using medicines safely

- Medicines were managed safely. The provider's systems and processes were designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff had access to best practice guidance and appropriate policies and procedures. Staff were trained to

administer medicines and checks were carried out on their practice.

- Staff maintained records following the administration of medicines. The care coordinator checked the records at least once a month.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training on this topic. Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment, including face masks, disposable gloves and aprons as well as hand sanitiser. People confirmed staff used the equipment when providing personal care.
- All staff participated in a testing programme for coronavirus, which included the completion of a lateral flow device test before each shift.

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 of 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.

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.

- The manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach.
- People had signed consent forms to indicate their agreement to the care provided. There were no restrictions placed on people's liberty.

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

- The manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare conditions were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- People and relatives told us they were well supported. One relative told us, "The staff have been amazing with [family member]. They are compassionate and kind."
- The manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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

- People were supported to eat and drink in line with their needs and preferences.
- The staff carried out risk assessments as necessary and monitored people if they were at risk of poor nutrition and hydration.

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

- The provider had established systems to ensure people's individual needs and choices were met. A member of the management team completed an assessment prior to a person receiving a service. The assessment considered people's protected characteristics, such as sexuality, religion or belief and all aspects of their needs and choices.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One relative said, "The staff are trained to fully understand [family member's] needs."

- New staff were supported through an induction programme, which included the provider's ongoing mandatory training and where appropriate the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life. Staff training was monitored, to ensure staff completed their training in a timely way.

- Staff were provided with one to one supervision and an annual appraisal. This facilitated discussions around work performance, training needs and areas of good practice.

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 of 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's rights were promoted, and person-centred care was delivered. People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff have wonderful personalities. They arrive smiling and laughing and really cheer me up" and a relative commented, "They (the staff) make such a difference to [family member's] day."
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care on an ongoing basis. This ensured they were fully involved in decisions about their care and support.
- People told us the staff understood their individual needs and preferences and always accommodated these when delivering their care. One person said, "The carers are flexible and always ask me what I want. Their attitude is so nice."
- People were provided with appropriate information about the service. The information included details about what people could expect from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. One person said, "The staff understand I want to stay as independent as possible and are very patient with me."
- Staff had access to policies and procedures and training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's policies and current legislation.

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 of 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 received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "All the staff are very nice, and they do their job efficiently and professionally."
- Each person had an individual care plan which was stored electronically. This meant staff had access to people's care plan documentation via a handheld device and could input notes directly on the system.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff documented the people's care needs in a sensitive and respectful way.

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 manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand.

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 were encouraged to continue hobbies and interests that enhanced their quality of life. The manager and staff understood the importance of social interaction and people's emotional wellbeing. Staff explained that when they had finished their tasks they would sit and chat to people. One person told us, "I look forward to the carers visiting each day. They're always cheerful and friendly."

Improving care quality in response to complaints or concerns

- The provider had arrangements for recording, investigating and resolving complaints.
- There was an overall log of complaints and the area manager had devised a template to identify any patterns or trends.

End of life care and support

- Staff completed training on end of life care and worked closely with the person, family and other health

and social care professionals to ensure the person's dignity and comfort.

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 of 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.

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

- The manager and staff had a clear understanding of their roles and contributions to service delivery. Following the inspection, the manager confirmed she had submitted her application to register with CQC.
- The provider had established systems to monitor the quality of the service. This included checks on records and the monitoring of visits. The national governance and compliance manager had also carried out a detailed audit. Shortfalls had been addressed in an action plan. The area manager explained she intended to carry out audits on her visits to the service.
- The manager utilised various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and confirmed the manager was open to feedback.

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 manager understood and acted on the duty of candour responsibilities. She promoted and encouraged candour through openness. Good relationships had been developed between the manager, staff and people who used the service.

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

- The manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. Staff confirmed they felt everyone was well supported and they all told us how much they enjoyed their work. One member of staff said, "I really enjoy my work, all the team are very supportive."
- Throughout the inspection, people and their relatives spoke positively about the staff. One person told us, "I can't fault anything. All the carers are absolutely brilliant. They are essential to me and I can rely on them completely" and a relative commented, "I have been very impressed. The care staff go above and beyond."
- Organisational policies and procedures set out what was expected of staff when supporting people. Staff had access to these, and they were familiar with the key policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the service and considered their equality characteristics.
- People were invited to give feedback on the service and had been given the opportunity to complete a

satisfaction questionnaire. The last survey, carried out in June 2021, indicated the vast majority of people were satisfied with the service. Following the inspection, the manager sent us a copy of the action plan devised to address any areas for improvement.

- The manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the continued development of the service.