

Meridian Health and Social Care Limited

Meridian Health and Social Care - Salford

Inspection report

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25 April 2022
26 April 2022
27 April 2022
28 April 2022

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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 – Salford is a domiciliary care service providing personal care and support to people living in their own houses and flats in the community. At this inspection 160 people were receiving the regulated activity of personal care.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely and followed infection prevention and control guidance to minimise risks related to the spread of infection.

Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives, where appropriate, were involved in care planning.

People told us they were well treated and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions, for example, speaking clearly and slowly where there was a hearing impairment or matching a staff member with appropriate language skills to a person.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe and effective.

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 the service under the previous provider was good (published 03 May 2018).

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meridian Health and Social Care-Salford on our website at www.cqc.org.uk.

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 - Salford

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 and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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 registered manager in post.

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

Inspection activity started on 25 April 2022 and ended on 28 April. We visited the location's office on 25 and 26 April 2022, spoke with people and relatives on 27 April 2022 and spoke with additional staff on 28 April

2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (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 spoke with the registered manager, six members of staff, 18 people using the service, and four people's relatives. We reviewed a range of records including 12 people's care records. We looked at four staff personnel files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

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 because staff knew how to identify, and report concerns about people's safety. Staff received training in safeguarding and there was a safeguarding policy and procedure for in place staff to follow.
- Where suspected safeguarding incidents had occurred, the provider had made the appropriate notifications to CQC.
- People told us they felt safe when receiving care and had no immediate concerns. One person said, "I do feel safe. I have regular carers and we have got used to each other and yes, I do trust them. Even when they are on holiday, they send me people I have seen before. They are usually on time and they do usually phone me if they are going to be late. They are all very nice people. They are all female and they did ask me if I minded having a male carer, but I said I would prefer not." A second person told us, "Yes, I feel safe and the carer`s go out of their way to help me. I don't really have a set time, but that is my choice." A relative commented, "We do feel [my relative] is safe with the carers. They tend to send fairly regular carers, it's often [staff name]; we have got to know her, and we can't fault them."

Assessing risk, safety monitoring and management

- Staff identified risks to people's safety and managed them well. People had risk assessments in place which included any factors that might affect the person, with actions for staff to take. Relevant risks included those relating to moving and handling, medicines and the home environment.
- People had consented to having risk assessments undertaken and had been involved in identifying them.
- The service had a system for recording and monitoring accidents and incidents, and for learning from them.

Staffing and recruitment

- The service followed safe staff recruitment processes which ensured potential staff had the necessary safety checks in place before starting work, to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks were completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's assessed needs. A relative said, "The carers are generally on time and they always let us know if they are not going to be on time and they work around us as a family." A person told us, "I never feel staff put me at risk in any way and I don't feel rushed; it's been a totally positive experience." A relative said, "I think there are enough staff at the moment. We have no issues and all the carers are great." A second relative commented, "When they are short staffed, they can be late,

but they have never missed a visit."

- The local authority told us the provider had achieved the highest compliance for logging planned and actual visits on their electronic care management system.

Using medicines safely

- People's medicines were managed safely.
- Staff maintained accurate records of medicines administration, regularly checked by the provider. Care plans contained clear information about people's medicines requirements.
- Staff completed appropriate training and had their competence assessed to ensure they administered medicines safely. Staff described to us the process of administering medicines, the types of things that would constitute a medicine administration error, and the action they would take in response.
- There was an up to date medicines policy and procedure in place.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. The provider kept staff up to date with latest guidance and requirements. Staff had access to plentiful supplies of Personal protective equipment (PPE), stored in the office premises.
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing disposable gloves and aprons at the point of care and using red bags for soiled laundry.
- Staff supported some people to maintain hygiene standards and cleanliness as part of their usual daily routine.
- People told us staff always wore PPE when carrying out care tasks. One person said, "Staff wear a protective uniform and with masks which they put on before they enter the house and gloves and aprons. Staff take these off and take them when they leave." A second person told us, "Staff have been all good with COVID-19 and wear all the PPE."

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider analysed data to help identify useful themes and trends to minimise risks and reoccurrences, and to identify where any improvements were necessary.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began to receive care and staff used these assessments to develop care plans. Regular reviews ensured care plans were kept up to date.
- Staff documented people's assessed needs. Records showed the management team monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period of induction, shadowing other staff and getting to know people before starting to work alone. One staff member told us, "I had an induction, and this included looking at care files, doing training and reading policies and procedures. I shadowed another staff member for quite a while, and this was great for me. I had unannounced observations of practice and [managers] observed me giving medicines, giving care and completing care files."
- Managers monitored staff training provided and maintained a staff training matrix, including when it was due for renewal.
- People received care and support from staff who knew them well and had the skills and training to meet their needs. One person told us, "I have a fairly regular group of carers and they are pretty much on time. I know how to contact the office if ever a problem and there is also an out of hours telephone number which they answer. I've never felt unsafe or uncomfortable with anybody but if I did, I'd just pick up the phone and contact them. I do feel if it's a new staff person who comes I have to go through my care plan with them rather than them just knowing what to do, but that's ok."

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

- Where needed, staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- Staff kept detailed records of the support provided to people each day. Staff had received training in food safety. One person said, "Staff do get meals for me; they ask me what I want to eat, so I choose. They leave me whilst I'm eating and then the next visit, they clear away the dishes. They leave me a drink,"
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.

- Care plans contained advice provided by healthcare professionals, so staff were providing care which met people's health needs. One person told us, "Most of what I've got, such as the thing on the chair which makes it higher and easier for me to get up and the extra seat on the toilet was sorted by the carers through Social Services."

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.

- Staff followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- People were involved in developing their care plans and had agreed with the content. Staff had completed MCA training.

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

- People and their relatives told us staff valued and listened to their views and opinions. Staff treated people equally and without discrimination. A person told us, "Staff are very kind. We have a bit of a laugh which is so nice. There is lots of chat and conversation. Staff never talk about any of the other people they visit. They do go to my neighbour but never talk about [them] to me." A relative said, "If [my relative] is ever feeling a bit upset the staff always notice and ask how she is and sit and take time with her; it's very good."
- The service had an appropriate equality and diversity policy and procedure in place. Staff considered people's protected characteristics under the Equality Act 2010 and supported people to have their diverse needs met. Care plans included relevant information about people's diverse cultural, spiritual or other requirements.
- Staff encouraged and considered people's views when setting up their care package and there was evidence of people's involvement in reviews of care and support.
- People could contact the registered manager at any time if they wished to make changes to existing support arrangements.

Respecting and promoting people's privacy, dignity and independence

- Staff described to us the ways in which they maintained a person's dignity when providing personal care, such as always talking to the person and gaining their permission to support them, covering up the body appropriately to reduce the sense of exposure, closing doors and curtains, and ensuring no interruptions. A person said, "I have a choice of staff, all women. They give me lots of dignity and respect; I do wash myself where I can."
- Staff supported people in maintaining their independence by encouraging them to do what they could for themselves. For example, daily living tasks and support with hobbies and interests. A person told us, "I joke with the carers; they keep me going. They never talk about other people they visit. They know when I can't do things but let me do what I can." A second person said, "I require help to do most things, for example when they help me with the shower, but they have helped me get a shower chair and they make sure I have privacy with closing doors and curtains."
- The service user guide included information about the service's standards and values, and the standards of care people should expect. A relative commented, "I think the carers are nice decent people to talk with and we look forward to them coming. [My relative] gets on well with them and it's lovely to hear her laughing when the carer is with her."

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

- Care plans were person-centred and contained specific individual details about people, how they wanted support and their desired outcomes. Care plans detailed people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People's care plans detailed their strengths and areas of independence, for example, where people could complete elements of their personal care independently.
- Care plans were regularly reviewed to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.
- People and relatives spoke positively about staff, one relative said, "I'm not sure who it was but a staff member came to discuss it all [relative's care needs] with us before they started; she was very thorough and did mention that they planned to review [my relative's] care plan at some point." A person said, "[Staff name] knows what she is doing. I have a wet room and she helps me with my back and legs but lets me do what I can for myself."

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 followed the principles of the Accessible Information Standard; staff explored people's communication needs as part of the care consultation, planning and review process, during which the service continually looked at how to support people to have access to information.
- Documentation was available in alternative formats, for example large print.
- Staff identified people's communication needs in their care planning information; this helped staff understand how best to communicate with each person.

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 and relatives we spoke with told us they felt listened to and could contact the office without any problems at any time. A relative told us, "Staff are great. [My relative] is from around this area and so is the regular carer. [My relative] used to run a shop around here and the carer used to come into the shop when she was a child, so she sits with [my relative] and they reminisce about the past." A second relative said, "I am confident with how effective they [staff] are with [my relative]. We are around and can hear the way they

[staff] are with [my relative] and we have absolutely no concerns."

- None of the people we spoke with at the time of the inspection, had identified a need for staff to support them to access the community. People told us staff were aware of their interests and hobbies and encouraged people to follow them.
- Staff recorded people's views on social, cultural and leisure activities in care plans. A person told us, "I go shopping, walking and watch too much TV." A second person said, "I listen to classical music and watch TV; anything to do with animals. A third person commented, "I'm a volunteer in wood turning on lathes."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and provided information on how to make a complaint to each person who used the service. A copy of the complains procedure was available to people in their own homes. An independent advocate, or staff who spoke the appropriate language ensured support was available if anyone wished to complain in another language.
- The service was available to people at all times, with an on-call facility out of working hours, to ensure they could deal with any concerns or issues promptly. A person told us, "They [staff] phone me to see how it's going but I've never needed them to action anything. I don't think there is anything they could improve up to now." A second person said, "Complaint? No, not at all, they [staff] are brilliant."
- The provider learned from any complaints and passed on information to staff to reduce the chance of a reoccurrence, for example, staff were reminded to contact the office if they were going to be late for the next planned support visit, so the office could inform the next person. Another complaint resulted in additional staff training.

End of life care and support

- Where people had consented, care plans were in place which detailed their wishes for this stage of their life.
- The service worked alongside local palliative care teams, GP's and district nursing team to support people's choices. A person said, "End of Life was discussed with me when I was last in hospital." A second person told us, "I've put it in writing; do not resuscitate." A third person commented, "We have discussed end of life."

Is the service well-led?

Our findings

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

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

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

- People we spoke with told us their care met their needs and they were enabled to achieve the outcomes they wanted. One person said, "If the manager wasn't approachable I'd go above them. I have completed a survey; they wanted to know what I thought about this or that. I'd recommend Meridian, have a look around and you will find these are the best."
- The provider was aware of their responsibilities to be open and honest, admit mistakes or issues and learn from them. The registered manager submitted notifications about significant events to CQC as required.
- People's care plans were comprehensive, which helped ensure people, with support, could reach their identified goals, achieve a better quality of life, and maintain their independence.
- Staff said the registered manager and office staff were approachable and available should they need to raise any concerns. One staff member said, "[Registered manager name] is very approachable and all the office staff are." A second staff member told us, "[Registered manager name] always listens and he is one of the best managers I have ever had and always understanding. He helped me through personal issues, and he was there for me; very genuine and he will support you with anything."

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

- Staff we spoke with were clear about their roles and responsibilities. The providers statement of purpose clearly identified staff lines of responsibility and the governance and quality monitoring arrangements in place. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.
- The use of technology to record visits made to people, tasks completed, and other relevant information meant this information was instantly available for management to see and evaluate. If staff did not arrive at the correct time, the office was alerted and contacted the staff member and the person scheduled to be visited.
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people, and managers used a four weekly rolling action plan to identify and monitor any areas for improvement.
- Managers checked staff performance regularly; the provider recognised and valued the hard work and commitment of staff. Staff supervision sessions addressed any shortfalls with regard to staff performance.

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

- The registered manager encouraged everyone involved with the service to express their views about the service. Familiar and regular staff supported each person and considered people's views. An annual survey, done in June 2021, showed overwhelmingly positive responses. Staff provided a stamped addressed response envelope to people to ensure surveys were confidential and went to the central operations team for analysis. Managers considered the results to make ongoing improvements and drew up an action list against the deficit areas identified.
- Through our discussions with people, we were confident the service was delivered in a way that promoted and celebrated people's differences.
- The staff team worked continuously to improve and develop the quality of the service provided to each person. A person told us, "[Staff name] is the manager and they are all approachable. I did a phone survey last week but no feedback yet. I would definitely recommend Meridian; I think the carers are angels for what they do and the long hours they work, and I can't fault them."
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. A local authority professional told us, "During the extreme pressures caused by COVID-19 absences, the service managed well and was not reliant on business continuity plans or agency staff. The registered manager is extremely responsive and flexible and his return to the branch has been positive."
- Staff had close contact with people and their relatives, who all thought staff were always open and honest with them about everything, including if things had gone wrong. A relative said, "We discussed [my relative's] care with the old manager who came and told us they were leaving; that was nice. The new manager hasn't been around yet. I'd recommend here, the staff are very good and very professional, friendly and know what to do and they do it well; they are a good group of people."