

Meridian Health and Social Care Limited

Meridian Health and Social Care - Leeds

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 is a domiciliary care service providing support to older adults in their own homes. At the time of our inspection, there were 49 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

People told us they felt safe. Staff understood safeguarding and whistleblowing procedures. There were sufficient staff employed to meet people's needs. There was a safe recruitment process, which ensured only staff suitable to work with vulnerable adults were employed. Accidents and incidents were monitored. Risks to people were identified and assessments were in place to ensure staff knew how to manage risks and meet people's needs. People were protected by the prevention and control of infection. Medication systems were in place to ensure people received their medicines as prescribed. These were being improved at the time of our inspection as the quality monitoring system had identified some errors in documentation. Care staff and management were aware of correct systems to follow.

Staff we spoke with were knowledgeable about people's needs. Staff had received effective training to ensure their knowledge was up to date. Staff were supervised and supported. Care plans and supporting documentation included people's individual preferences and choices. 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 we spoke with told us staff were extremely kind and caring. Relatives we spoke with were positive about the care and support provided. Staff understood people's needs and people we spoke with told us the staff were excellent and provided support that met their needs. Relatives felt listened to and said concerns were appropriately dealt with and resolved. Relatives told us the communication was good and the manager was very approachable.

There was a quality monitoring system in place that was effective. Feedback from staff was very positive. They told us they were well supported and worked well as a team.

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

Rating at last inspection:

This service was registered with us on 12 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 13 September 2017.

Why we inspected:

This was a planned inspection.

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 - Leeds

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and an expert 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.

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 not a registered manager in post. However, there was a manager in post who had started their role recently and was in the process of submitting an application to register.

What we did before the inspection

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

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. Inspection activity started on 26 July 2022 and ended on 9 August 2022. We used technology such as video calls with management and electronic file sharing to enable us to review documentation. We spoke with one person who used the service and seven relatives about their experience of the care provided and six care workers via the telephone.

We reviewed a range of records. This included people's care records, medication records and daily records. We looked at recruitment procedures and staff supervision. A variety of records relating to the management of the service, including incidents and policies were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Care plans contained detailed risk assessments to ensure people's safety.
- People were involved in their care planning, care records detailed people's choices and wishes. Relatives told us they were extremely happy with the care and support people received. One relative told us, "They [the management] came out and talked through all [relatives] needs with us and it's all written down in the care plan, we were well involved."

Using medicines safely

- Medication procedures were in place to ensure people received medicines as prescribed. People told us staff administered their medicines safely. However, the manager had identified some errors with documentation, which were being improved at the time of our inspection.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. One relative told us, "There is no problems with medicines or tablets, all very good."

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection (IPC). Staff were kept up to date with latest guidance and requirements.
- Staff followed infection prevention and control procedures. People we spoke with confirmed this. One relative said, "They [the staff] wear masks and they wash their hands, they are very particular, and they use hand sanitisers as well."

Staffing and recruitment

- Staff were effectively deployed to meet people's needs. People told us staff arrived on time, were not rushed and met their needs. One relative said, "They [the staff] are never rushing and I think they have more than enough time. They always stay the full time and let us know if they are going to be late. We have never had a missed call the timing is very good."
- Staff told us there were enough staff to meet people's needs safely. They said they were not rushed at calls and had sufficient allocated time between calls.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People told us staff made them feel safe. Relatives we spoke with told us people were

safe. One relative said, "[Relative] is definitely safe with them and I feel happy that they let me know if there are any problems."

- There were safeguarding policies in place. The manager and staff knew the process to follow to report any concerns to safeguard people.
- Staff understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.

Learning lessons when things go wrong

- The manager and provider had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff received induction and training to be able to provide effective care. Staff told us they had completed mandatory training to support them in their roles. The provider told us, although all training and competencies for staff had been carried out training had not been face to face during the pandemic. They confirmed this was recommencing. For example, moving and handling and first aid training was booked for staff to attend.
- People and their relatives told us the staff were skilled and knowledgeable in their roles. One relative said, "They [the staff] are well trained, they know their job and what to do. They are good at spotting anything wrong and tell us straight away."
- Staff told us they felt very supported by the manager. Staff received appropriate supervision. One staff member said, "I love my job." Another said, "I really love my job, I am well supported, [manager] is the best I have ever had, we all work well as a team."

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed. The manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met. We saw the assessments had been completed.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice and guidance. People's care plans we looked at included their preferences, choices and decisions.

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

- People received support to eat and drink enough to maintain a balanced diet. Where people were supported with food care plans included information about people's dietary needs, risks and preferences to guide staff about how to support them effectively.

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

- Staff worked with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with professionals when required. For example, district nurses and GP's.
- Relatives told us the staff identified issues and supported people to access healthcare services. One relative said, "[Relative] is a bit prone to sores, so the carers keep a close eye and let me know straight away if there are any red patches and report to the district nurses." Another relative said, "The manager is excellent when [relative] came out of hospital, the hospital wanted to discharge them as soon as they could but the manager spoke to them and said they must not discharge them until they had assessed the hoist and make sure it was safe for [relative] and safe for the care staff to use. The manager insisted they could not send them home before that was done."

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; equality and diversity Respecting and promoting people's privacy, dignity and independence.

- The manager and staff focused on building and maintaining open and honest relationships with people and their families.
- People were cared for by a consistent team of staff who knew people very well and understood their needs and preferences. One relative said, "The care staff are very attentive and make a big effort to make [relative] feel valued. They always ask questions about whether [relative] is comfortable and get the whole family involved. They are like extra family and always joke with us." Another relative said, "The staff are lovely, we know them all and they are very good."
- People told us staff were extremely kind and caring. Relatives we spoke with were very positive about the care and support provided. One relative said, "The care staff are lovely, we know them all and they are very good."
- Staff respected people's diversity and treated them as individuals. Care documentation included information about people's religion, gender and ethnicity. Staff had undertaken training in equality, diversity and inclusion to improve their knowledge when supporting people.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way. All staff spoke passionately about the care and support they provided.

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

- Staff supported people to make decisions about their care. People were involved in initial assessments to ensure their views and decisions were captured in their care plans. Relatives we spoke with confirmed people were supported to be involved in decisions about care. One relative said, "They [the staff] talk through with [relative] what is needed and help [relative] make decisions."
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. People and their relatives told us they had been involved in the care planning to ensure the care provided met their needs and preferences.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs. One care worker told us how they supported one person with their mental health, to improve their quality of life and well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff understood how to communicate with the people they supported. There were communication care and support plans in place for people. People and relatives, said communication methods were good.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Complaints were recorded and resolved. We had a concern raised during our calls to people, we discussed this with the manager who agreed to investigate. The manager sent us the supporting documentation and outcome, this clearly showed the manager and provider were committed to improving the quality of the service provided in response to concerns.

End of life care and support

- When required people's needs were considered as part of the end of life care. Care plans were developed with the person to ensure they were person centred and included their wishes, choices and decisions.

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.

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

- Quality monitoring systems were in place that were robust and detailed.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received. Lessons learnt were completed and shared with staff to drive improvements.
- Staff were happy in their roles and felt supported. Staff spoke highly of the team, they told us there was a consistent approach to ensure all staff were supported and well led. Staff spoke highly of the manager, one staff member said, "[Name] is the best manager we have had, I felt really supported."

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

- The manager and provider demonstrated an open and positive approach to learning and development.
- The manager was passionate about supporting staff to ensure positive outcomes for people they supported.
- The manager understood their legal requirements and complied with their duty of candour responsibilities. Relatives told us staff and management kept them informed of any issues and concerns and were open and honest. One relative said, "We can always get in touch with them [management], during the day through the office and then they have an 'on call' so you can get in touch in the evening."

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

- The provider engaged with people and their relatives. Regular quality surveys were sent out. We saw the last survey which detailed very positive responses. One relative confirmed this they said, "We are given feedback surveys from time to time to complete with our views."
- The manager and provider had systems in place to communicate with people who used the service, staff and relatives. We saw people's views were sought and listened to, to ensure continuous improvement of the quality of the service. One relative said, "The manager calls us, she is very good."
- Staff had communication methods in place, which they told us were very good. They told us the manager was very approachable and listened and they felt valued.

Working in partnership with others

- The manager and provider had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.