

Marieco Care Limited

# Haringey Branch

## Inspection report

89A High Road  
London  
N22 6BB

Tel: 02036457373

Website: [www.mariecocare.co](http://www.mariecocare.co)

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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

Marieco Care Limited (Haringey Branch) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection, there were 14 people receiving personal care

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

People using the service were positive about the quality of care they received. They trusted the staff and felt safe with them. People were involved in decisions about their care and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

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.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was designed with the person, their family or representative. Individual care packages were detailed, responsive and tailor made for each person.

All staff had clear roles and responsibilities and understood the values of the service.

The registered manager and management at the service were highly visible and motivated staff.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff told us they enjoyed working for the agency and were positive about the support, encouragement and guidance they received from the registered manager and management team.

People who used the service and the staff supporting them had regular opportunities to comment on

service provision and made suggestions regarding quality improvements. People told us that the management listened to them and acted on their suggestions and wishes.

People knew how to complain if they needed to and the registered manager asked if people were satisfied and happy with the service on a regular basis. Everyone working at the agency understood the need to be open and honest if mistakes were made.

The management team worked in partnership with other organisations to support care provision, service development and joined-up 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)

This service was registered with us on 17 May 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services. As a result of this inspection the service has been rated 'good'.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## 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 ●

# Haringey Branch

## 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 Care Act 2014.

#### 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 in the community.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 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.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered by us on 17 May 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five members of staff including the registered manager, the branch manager and three care

workers. We reviewed a range of records. These included four people's care records, six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

The registered manager sent us documents and additional information we had requested at the inspection. We spoke with five people who used the service and one relative.

# 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 for 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.

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they trusted the staff and felt safe with them coming into their home. One person told us, "I trust [staff] completely. They sometimes do a little shopping. I give them the money and they bring back the change and there have never been any issues."
- Staff had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse. One staff member told us, "I'd report it to my manager."
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management.

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People told us, and records showed they had been involved in discussions about any risks they faced as part of the assessment of their care needs.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. These risks included mobility issues, medical conditions and pressure care management. Information about risks was recorded in people's care plans and was being reviewed regularly.
- We saw that the service had systems for identifying, assessing and acting on environmental risks for each person and the staff supporting them. One person told us, "Most carers don't like dogs and I agreed to keep my dog in the kitchen with the door shut but my regular [carer] has now grown used to him and so he now comes out and she's not frightened."

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.
- Staff confirmed that they could not start working for the service until they had received a satisfactory DBS record check.
- People told us there were rarely any issues with timings or lateness. One person told us, "They come in a

half hour window, that's fine by me." Another person said, "Usually they keep to time but if they are going to be late then the office calls me."

- Staff told us the allocated times were enough, and they could undertake the tasks required safely. People told us they did not feel rushed by the staff.

#### Using medicines safely

- The provider had appropriate systems in place to ensure the safe management of medicines. People told us they received medicines on time and in a safe manner. One person said, "They fill out the MAR (Medicine Administration Record) chart and then they take that back to the office. It's all done properly."

- The service was clear about its responsibilities and role in relation to the management of medicines, where this was part of the person's care package. We saw satisfactory records to confirm people received their medicines as prescribed.

- Staff had received medicine training and had undertaken an observed competency check, by the registered manager, to make sure they understood the practical issues of medicine administration. One person told us, "Someone came from the office to observe the carer and check her medicines competency. I was impressed with that."

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

#### Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these.

- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required. Staff were clear when they would need to call a doctor or an ambulance.

- The registered manager gave us examples of where they had learned lessons from past experiences and how this had improved the service overall. For example, changes were made to the medicines training programme following a medicine issue. The registered manager informed us that the training incorporates much more practical scenarios for staff to discuss.

# 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

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- People and those close to them had been involved in their own assessments.
- People's needs assessments included the person's life history, support needs around mobility, medicines, skin care, physical health, pain control, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and care preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. People told us staff were good at their job and knew what they were doing when providing support. One person told us, "They do what they need to and in a good way."
- Staff told us that the induction process was useful and involved completing the training required by the agency as well as shadowing more experienced staff before they felt confident to work alone. A staff member told us, "I did the training and shadowed two staff for a week. I felt confident."
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. We saw records of staff training were being maintained and monitored so refresher training could be booked when required. A staff member told us, "It's very good. They support you to do training."
- Staff confirmed they received regular supervision and felt supported by this process. One staff member told us, "They show you what to do, we talk about training."
- Staff who had been working for the agency for some time had undertaken a yearly appraisal and found this useful in taking time to reflect on their work practice.

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

- Staff supported people with their meals when needed. People told us they were satisfied with the way they were supported with eating and drinking. At the time of the inspection no one required a special diet due to medical conditions. However, the registered manager understood the process to contact outside professionals such as speech and language therapists (SALT) if people had problems with this.
- People told us staff helped them with the things they couldn't do and encouraged them to be as independent as possible. One person said, "[staff] will leave things out so that I can make myself something later."

- Care plan's recorded people's dietary needs and food likes and dislikes and these were known by staff we spoke with.
- Staff understood people's cultural or religious requirements in terms of food and drink and people told us this was respected and supported. A relative told us, "The carer comes from a neighbouring country so understands our food and that's good when she's tempting [my relative] to eat. She knows what things are called."

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

- Staff and management worked collaboratively across services to understand and meet people's needs.
- The service had clear systems and processes for referring people to external services. The registered manager understood the importance of referring people to external services when required.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.
- Where people required input from other professionals this was supported, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.

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

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of the people they supported and any risks in relation to this. Staff attended hospital or GP appointments with the person if this was required.

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 found that it was. Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. A staff member told us, "You always seek consent, they can all make decisions." Another staff member said, "I always ask, 'what do you want to do today?'"
- The registered manager told us that, even though some people were living with dementia, this did not restrict them in making day to day decisions about their care. People's ability to consent to care and treatment was recorded in their care plans.
- People told us that staff asked permission before supporting them, offered choices and valued their decisions. One person told us, "I let them in [to my home] so that's me giving permission."

# 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 received a caring service from staff who were respectful and thoughtful.
- People told us they were well treated by the staff who supported them. One person commented, "They know what they are doing so I have total trust in them." Another person said, "There was a lot of checking things were OK at the beginning but now we know what we're doing, it's a great relationship."
- People told us, and records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. One person told us, "We are different cultures and religions but that gives us lots to chat about and share." Another person commented, "We are from the same region although not the same country. Our language is different, but we have lots of similar foods and that helps. We also share a respect for people. I think that we are well matched."
- The registered manager had provided people with the service user guide translated into specific languages where appropriate.
- The agency brochure had a positive statement about welcoming lesbian, gay, bisexual, and trans people (LGBT) to use the service.

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

- People and their relatives were involved in the assessment, planning and review of their care provision. One person told us, "My sister did all the planning as I wasn't well, but I am improving and talk to [office staff] about things that I don't need now."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity.
- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves. One person told us, "As I have got better, I can do more and so they let me. I hardly need any help in the bathroom now so most of the time is spent cleaning, clearing and chatting, football mostly."
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- People told us staff treated them with dignity and respect. One person told us, "[staff member] is very aware of my dignity and that makes me feel comfortable with her." Another person said, "[Staff] make sure that the door is closed and no one else can see in."

- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

# 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 that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us, and records confirmed that they were involved in planning their care. They told us they felt empowered, valued and listened to. One person told us, "I am fully involved and it's quite complex, but they are on top of it all."
- People were involved in planning their care, from the initial assessment through to reviews and updates when required. There was a strong emphasis on collaboration, and we saw people who used the service and their relatives had been involved in updating care plans as required. A relative told us, "Since the last discharge the [call visit] time has [decreased] even through [my relative] needs more [time] and [office staff] are helping me to go back [to the local authority] and ask for more time."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported. One person told us, "I prefer having a man which I mostly do, helping me with personal things as he understands how a man feels."
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends where this was part of their care provision.

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.

- Staff communicated with people in a personalised manner, in line with their needs and preferences.
- The care documentation showed that the service identified and recorded people who had different communication needs. Staff understood the way that people expressed and communicate their needs and wishes. People told us that staff interacted well with their relatives and understood the different ways they communicated.
- The registered manager wrote to us, following our visit and made the following comment, "Communication is one of the main key factors in our line of work as it can be the difference between a safe caring environment and an unsafe one. Due to this we ensure that all staff, office or on field, are trained in effective communication in order to gain correct information and understand the needs of our clients. A staff member told us, "[The management] taught us a lot about communication. I felt more confident."

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. A relative told us, "Any niggles then I have felt very comfortable ringing the office and I'm confident that things are always sorted. it's usually about things that I want to change." Another person said, "I would talk to the office, but I've never needed to."
- People told us that any complaints or concerns they had raised with the agency in the past had been dealt with appropriately and they had received an apology if mistakes had been made. A person told us, "When I wasn't happy about a second carer coming late, they took it seriously, changed the person and now they come together."
- People confirmed that the registered manager and management at the agency regularly contacted them and asked if they were happy with their care provision. Any concerns were dealt with quickly and to their satisfaction. One person said, "They rang and asked why I don't call the office and I told them that I would if I had anything to say. I have no problems."

#### End of life care and support

- Relevant policies and procedures around end of life planning were in place so that staff understood this important aspect of care should it be needed.
- The registered manager told us that currently no one using the service required end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means 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 that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People who used the service were very positive about how Marieco Care Limited (Haringey Branch) was run. One person told us, "It's run by ex-carers, so they know the job that their carers are doing and it's real to them and they run it well." Another person commented, "If you asked me for a score out of 10 then I would give them 12."
- Staff told us they felt very well supported in their role. One staff member told us, "They are so kind to us, friendly, like a family." Another staff commented, "[The registered manager] is very nice, very good, we get plenty of support."
- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed with staff on a regular basis. A staff member commented, "I put myself in their shoes. If it was me, how would I feel?"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The agency had relevant policies and procedures in place to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems, designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- Staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. A staff member told us, "We talk about everything. Every time we meet with other carers, it's nice, we can moan." Another staff member said, "Everybody talks about their views."

- Staff confirmed there was equal treatment of employees.
- Staff told us they were consulted about the running of the service and their comments and suggestions were sought and taken on board by the management.
- The registered manager wrote to us after the inspection. They told us, "We want employees to rest assured that they will not be discriminated against in the workplace, and that they have equal opportunities for promotion and progression, and that they are only being assessed on their performance and measurable merits."
- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and they also received spot checks by the registered manager to check the quality of the service. One person told us, "When [the registered manager] came to supervise the carer she was very nice to the carer."
- We saw completed quality assurance checks, carried out by the registered manager. These were very positive about the quality of care provided by staff and management. One person commented, "We had a questionnaire at Christmas time." Another person told us, "I am unable to complete a written survey, so they come and go through it with me. They always read my answers back to me. I am happy with the agency and they do listen to me, so I am comfortable with them helping me. If I had any problems, then I would get someone else to help me to complete it.'

#### Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- Managers kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training.
- The registered manager wrote to us after the inspection. They told us, "We feel that partnership working in our health and social care setting brings together separate organisations such as local authorities and GPs so that we can all benefit from our expertise and resources. The goal of this partnership is to enhance the efficiency and quality of the service and keeping effective communication between all is essential."