

Marygold Care UK Ltd

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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

Marygold Care UK Ltd is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 51 people using the service. Everyone using the service lived within the London Boroughs of Harrow and Hillingdon and had their service commissioned by the local authorities.

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

People's experience of the service was positive. A relative of one person using the service told us, "We are very happy with the service. My relative feels safe. Staff have always turned up and they stay as long as they should." This view of the service was repeated by everyone we spoke with.

People who used the service were protected from the risk of harm and abuse. Care workers knew how to identify and report concerns. Where safeguarding concerns had been identified, the registered manager had taken appropriate action.

There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support the people to ensure risks were reduced.

There were enough care workers deployed to keep people safe. They had been recruited safely. Pre-employment checks had been carried out.

Feedback indicated that there were no punctuality issues. However, we found there were limits to the service's current monitoring system. The registered manager told us they would address this.

There were systems in place to ensure proper and safe use of medicines. People's relatives told us people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role.

People's health needs were met. The service worked with a range of professionals including GP, palliative care team and speech and language specialists.

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's privacy was respected. Care plans described how people should be supported so that their privacy and dignity were upheld.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported.

There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits, spot checks, accidents and incidents, were used to drive improvements.

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 this service was Good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 ●

Marygold Care UK Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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

Marygold Care UK Ltd is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in. 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 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 31 July 2019 and ended on 8 August 2019. We visited the office location on 31 July 2019.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke mostly with people's relatives to help us understand the experience of people who could not talk with us. We spoke with thirteen relatives and one person who used the service. We spoke with the registered manager and care workers. We reviewed seven care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of harm and abuse. A safeguarding policy was in place. Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed. Where safeguarding concerns had been identified, the registered manager had taken appropriate action.
- We asked people if they felt safe in the presence of care of staff. One person told us, "I feel safe because I see the same care worker every week." This view was shared by all relatives spoken with. One relative told us, "Our relative is so safe with staff. I have never known such a caring agency. I have no complaints whatsoever."

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to minimise risks to people. People's care files contained a range of risk assessments, including those arising from factors that cause skin breakdown, nutritional choices, other health conditions and environmental hazards. The assessments provided information about how to support people to ensure risks were reduced.
- One person was identified to be at risk of having epileptic seizures and their care plan identified steps needed to support them. The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment

- There were enough care workers deployed to keep people safe. Staffing requirements were determined at the assessment stage, subject to constant reviews because of people's changing needs.
- Staffing rosters and feedback from people confirmed there were sufficient staff to meet people's needs. A relative of one person told us, "The care worker is absolutely brilliant. I have never known anyone quite like her. She is always on time and has never missed a call. She treats my relative with such respect." This was consistent with all the feedback we received.
- Whilst staff punctuality was not a concern, there were limits to the service's current monitoring system. The current system relied on people receiving care or care workers reporting they had arrived. This presented problems as some people did not always have access to a telephone line or as we found, some people had complex needs and would find it difficult to use a phone. There was also a risk, the information about time could be inaccurate account. The registered manager told us they were investing in an IT monitoring system, which will be implemented by December 2019.

- Care workers had been recruited safely. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. There were policies and procedures in place including, the guidance from the National Institute for Clinical Excellence (NICE). Medicine administration records (MAR) were completed appropriately and regularly audited.
- Care workers had received medicines training. They confirmed they had been trained and assessed as competent to support people to take their medicines.
- People told us they received their medicines on time. A relative of one person told us, "My relative feels safe with staff, who are very friendly to her. They give her medicines on time and always note it in the book."

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness. One relative told us, "The care worker always washes her hands and puts on gloves to avoid any risk of infection at."

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes.
- One incident had been recorded since our last inspection and learning from this had been shared with staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 assessments covered a wide range of areas including their skills and abilities, health, religious and cultural needs. Relevant guidelines were in place to inform good practice in areas such as end of life care, neurological and diabetes care. Support was provided by the local palliative team, Huntington's Disease Association and diabetic nurses respectively.
- People's care records contained information about their choices and needs. Everyone was supported to make choices about their care and support. This practice was consistent with values of person-centred care. A relative told us, "Staff are kind to my relative. They know her likes and dislikes. We were involved in choosing the main care worker. We met with her at the start of the service and discussed my relative's preferences and needs. She is allocated to come regularly."

Staff support: induction, training, skills and experience

- There was a good training system in place. Care workers demonstrated good knowledge and skills necessary for their role. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported. A relative told us, "Staff are all very knowledgeable. They always let me know if they notice any change with my relative. They are the best agency I have ever had. They are all fantastic! I have had loads of other agencies and these are the best, they care!"
- Care workers who had been at the service for longer than 12 months also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.

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

- There were arrangements to ensure that people's nutritional needs were met. There was a nutrition and hydration policy to provide guidance to care workers on meeting the dietary needs of people.
- Whilst people's relatives or friends mostly prepared people's meals, their dietary requirements, likes and dislikes were assessed and known to care workers. One person was receiving end of life care and care workers could tell us about this person's nutritional needs.
- A relative told us, "The care worker help my relative with her breakfast. Drinks are left within easy reach for

her." Another relative said, "Staff are professional and know what to do for my relative. She has care workers in the morning and evening, who give her food. They always leave it within reach for her."

- The service had ensured people were supported with their shopping. However, in one instance, this had not been carried out effectively. We raised this with the registered manager, who took swift action.

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

- People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, palliative care team and speech and language specialists.

- People's relatives told us care workers accompanied people or arranged visits to hospitals and appointments with GPs. One relative told us, "Staff support my relative with her health appointments. Once my relative had a medical need and the care worker took her to hospital and dropped us off and picked us up later. She is just wonderful."

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.

- The service was working within the principles of the MCA. Care workers obtained consent from people before they could proceed with any task at hand.

- People signed their own care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

- People's relatives told us care workers asked people if they needed any assistance. Their feedback included, "Staff always show interest in what we like. They always ask for consent before they do anything and they all have such common sense which is so important" and "Staff know what to do and are very professional in their approach. They always sign the book and ask her consent before they do anything for her."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us care workers were kind and caring. They said, "Staff are kind and caring. We have regular female care workers, which is what we prefer" and "Staff treat my relative very kindly. The female care worker is my relative's choice. She never rushes her. She talks some Hindi and that really helps. It is like having a friend as they can chat."
- People's privacy was respected. Support plans described how people should be supported so that their privacy and dignity were upheld. Care workers could describe how they protected people's privacy and dignity, including closing doors and drawing curtains when undertaking personal care.
- People were supported to maintain their independence. People's relatives told us about how staff took time to support people to participate as fully as they could. People were supported to maintain their independence to carry out their shopping at own pace without being rushed.
- Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Ensuring people are well treated and supported; respecting equality and diversity

- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. The service had relevant policies in place, including, equality and diversity and Equalities Act 2010.
- There were practical provisions for people's differences to be observed. For example, the service matched care workers according to people's interests, including, language, religion and culture. A relative told us, "We are Hindu, and staff know not to ever bring any meat into the house. We always have a female carer which is what we prefer."

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

- There were systems and processes to support people to make decisions. The service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- People had been fully consulted about their care. Their care records contained information about their choices and independence. One person told us, "The staff are good at listening. We have a care plan here and I was involved from the start." Another person said, "I was involved in the planning process and it has been reviewed."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 person centred care. Their assessments showed they had been involved in the assessment process. Their relatives were involved wherever possible. A relative told us, "Staff know what my relative's needs are. If she is in a bad mood, they will let me know. I was involved in the planning at the start and it's all going along well."
- People's care files contained meaningful information that identified their abilities and the support required to maintain their independence. For example, people who were living with dementia had specific care plans outlining what the condition meant to them and how it affected them. This ensured they received care that met their needs.
- Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported. Their knowledge of people's needs was also enhanced by the fact they had been allocated to the same people regularly, which meant they were familiarised with the individual needs of people they supported.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. A relative told us, "The manager comes regularly to check up on everything. We have a care plan here which is looked at by the staff. I feel that staff listen to my relative and respect her wishes."

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.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred. Throughout this inspection we saw good examples of how the service was meeting requirements of AIS.
- People were matched with care workers on grounds of a mutual language. People spoke a range of languages, including Gujarati, Arabic, Tamil and Hindi, and the service employed staff who spoke different as many languages. A relative told us, "Once my relative had a medical enquiry and the care worker came and rang 111 on her behalf. An ambulance came and the care worker supported my relative with the translation. It gives my relative some mental security as the language barrier is a problem. The care worker was so helpful."
- In another example, the service had supported one person to access an adapted I-Pad to meet their

communication needs. Another person had a hearing loss and was supported by the service to use required aids. Care workers prompted the person to wear the hearing aid. They checked to make sure the aids were in place before leaving.

End of life care and support

- The service provided end of life care. One person was receiving end of life care at the time of this inspection.
- An end of life care plan was in place. This identified their needs, wishes and preferences and ensured the person was supported to maintain their dignity and wellbeing at the end of their life.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form was in place. All DNACPR paperwork was appropriately completed and signed by a GP and staff nurse. This ensured people's choices were met when they could no longer make the decision for themselves.
- Selected staff had attended a 'Dying, Death and Bereavement' training module. They had also received training to monitor oxygen saturation levels.
- We read compliments from families when their loved ones had passed away. One relative had written, "Could you please pass on my heartfelt thanks to the gentlemen who looked after my relative until his passing. The care, consideration and respect shown to him was appreciated by all family, especially me."
- In another example, a relative of a person who had passed away whilst receiving support from the service, volunteered to work for the service for three weeks, as an act of appreciation of the service that had been given to her relative.

Improving care quality in response to complaints or concerns

- There was a complaints policy, including a pictorial version of it. People's relatives confirmed they could complain if needed to. They told us, "We have never had to complain. There is a care plan in the room, which is easy to follow", "We have never had to complain about anything. The service is just so caring. I would know how to but will not ever have to with this agency!" and "We have never had to complain about anything, but I would know who to contact if I had to. The care worker listens to us and is so helpful."
- One complaint had been raised since our last inspection. This had been investigated and concluded in line with the providers complaints policy.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- There was an understanding that in the planning of care, people's opinions mattered. As a result, there were a range of formal systems to seek views of people and include them in decisions about how the service was provided. There was evidence of regular reviews, surveys and meetings to gather people's views.
- People's relatives told us care reviews counted for something. They felt people's feedback was valued and acted upon. One relative told us, "Staff do ring about every three months for a review. At the last review I did say that I would need help to go to see my GP and this was arranged."

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 leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.
- The service kept written records in relation to incidents. One incident had been recorded since our last inspection. We had been notified of this and the person concerned was given appropriate support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear management structure consisting of the registered manager, care coordinator, field supervisor and a care manager. Care workers were well informed of their roles and reporting structures. They described the management as approachable, supportive and accessible. People's relatives were equally complimentary.
- The registered manager was passionate and committed to providing quality care. She was knowledgeable about regulatory requirements and issues relating to the quality of the service. One relative told us, "We know who the manager is. She is very approachable. I would recommend this agency, 100%. This is how a care agency should be."

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

- The service carried out surveys to gather information from people about their experiences with the service. Results from one carried out in January 2019 were positive. Responses from people included, "I am well cared for. Care workers and office staff are kind and understand my needs. Your service is outstanding."
- Care workers had opportunities to raise any issues at team meetings and through surveys. They felt

confident in doing so and supported if they did. A care worker told us, "The registered manager is very supportive. She listens to us."

Continuous learning and improving care

- There were quality assurance systems in place to assess and monitor the quality of the service. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and medicines management. The data gathered was used to make improvements to the service. For example, an audit had identified some reports written by care workers were not as detailed. This had led to further improvements.
- Accidents and incidents were monitored for trends and learning points. They were appropriately investigated by the registered manager and escalated to service directors. The results were shared with staff to raise awareness.
- During this inspection we also received concerns about the quality of care in relation to one person and this was rectified soon after our inspection. We have since spoken with the person, who was satisfied with the measures taken by the service.

Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, hospice and district nurses. There was also ongoing work with the local authority and local Clinical Commissioning Groups.