

Mariama Care Ltd

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Inspection report

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19 October 2020
21 October 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mariama Care Ltd trading as Kangaroo Care is a domiciliary care service. It provides personal care to people living in their own homes and flats in the community. The service supports older people with a range of physical and sensory disabilities as well as people living with dementia. At the time of this inspection there were 55 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 and what we found

At the last inspection in February 2019, we identified several issues and concerns which meant that people may not have always been received safe and good quality care. During this inspection we found that the registered manager had implemented robust systems and processes which had led to significant improvements to the quality of care people received.

People and relatives told us that they felt safe and re-assured with the care and support delivered and spoke positively about the way in which the service was managed.

Risks identified with people's health, care and support needs had been comprehensively assessed with clear guidance on how to manage and minimise risk to keep people safe and free from harm.

People received their medicines safely and as prescribed. Policies and systems in place supported this.

Recruitment checks were complete and adequately assessed staff suitability to work with vulnerable adults. People and relatives told us that they were supported by regular care staff who generally arrived on time.

Care staff had access to the required personal protective equipment (PPE), information and guidance to prevent and control the spread of infection.

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 were supported with their nutrition and hydration where this was an assessed need. Where required the service supported people to access health and social care professionals to support their well-being.

Care staff spoke positively about the registered manager and management team and stated that they received the required training and support to carry out their role.

The overall management oversight of the service had improved since the last inspection. The registered manager had implemented audits and checks to monitor the quality of care and ensure where issues were identified these were addressed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 April 2019) and there were breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We had carried out an announced comprehensive inspection of this service on 19 and 20 February 2019. Breaches of legal requirements were found which included safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mariama Care Ltd on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mariama Care 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. 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

This inspection was carried out by one inspector and two Experts by Experience who made telephone calls to people and relatives of people using the service. 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.

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 short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 15 October 2020 and ended on 21 October 2020. We visited the office location on 15 October 2020. The other days were spent reviewing records, speaking to staff, people and their relatives who used the service.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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. We reviewed the provider's action plan as well as information we had received about the service since the last inspection.

During the inspection

We spoke with the registered manager and a field care supervisor. We reviewed a range of records. This included five people's care and four people's medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with six people using the service and 14 relatives of people using the service. We also spoke with seven care staff. We looked at a further four care plans and three people's medicine records. We continued to seek clarification from the registered manager to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Issues identified with medicines management and administration meant that people may not have been receiving their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks had been comprehensively assessed, managed and monitored to ensure people were supported to remain safe and free from harm.
- People's identified and individual risks had been clearly assessed detailing how the risk affected the person and guidance to staff on how to minimise and manage the risk to keep people safe. Assessed risks included behaviours that challenge, COVID-19, health conditions, pressure sore management and the use of bed rails.
- People received their medicines safely and as prescribed. Improved systems and processes implemented by the registered manager supported this.
- Medicines administration records were completed and there were no gaps in recording.
- Care plans and supporting risk assessments detailed the medicines that people had been prescribed, what the medicines were prescribed for and the support people required to take their medicines safely.
- Comprehensive medicine checks and audits enabled the service to monitor and check that people were receiving their medicines on time and as prescribed. Where issues were identified these were addressed immediately with the care staff involved and the staff team to support further learning and improvement.
- All care staff had received the required training to administer medicines followed by a competency assessment to assess and confirm their understanding and knowledge of administering medicines safely.
- People and relatives told us that they had no concerns about the support they received with their medicines. One person told us, "They always give me my tablets and write down in my book."

Staffing and recruitment

- Recruitment systems and processes in place supported the service to recruit staff that had been assessed as safe to work with vulnerable adults.
- Records confirmed that all appropriate checks had been completed which included criminal records check, conduct in previous employment, proof of identification and right to work in the UK.

- At the last inspection, people and relatives told us that they did not always receive care and support from regular care staff, timings of their care calls were inconsistent and not always at the time they wanted which suggested there may be a shortage of staff availability. At this inspection, feedback from people and relatives was that this had improved.
- People's feedback included, "I always get the same carers which I like. They are very good at turning up on time" and "There is one carer Monday to Friday and another one at the weekend. They tend to stay the same." Relatives told us, "There seem to be four, its a regular thing", "They do come on time, sometimes ten minutes early and or ten minutes late. They have rung, if they are going to be later" and "The carers we get are generally the same ones and are very good."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. The service and its care staff team knew the different types of abuse, how to recognise signs of possible abuse and the actions they would take to report their concerns.
- People and relatives told us they felt safe and reassured with the care staff that supported them. One person stated, "I do feel safe with the girls [care staff] that come." A relative told us, "We feel very safe with our carer and we see her most of the time. We also know the one who replaces her on her days off."
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns. Where concerns were raised, learning and improvements were reviewed and implemented.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. The registered manager explained the processes they had put in place to ensure people and staff remained safe and protected from infection.
- Care staff told us and records confirmed that they had received training on COVID-19, infection control and the correct use of Personal Protective Equipment (PPE). The service also kept care staff regularly updated with all relevant information.
- Care staff had access to gloves, masks, shoe covers and hand sanitising gel.
- People and relatives confirmed that care staff always used the required PPE when supporting them with their care. People and relatives also stated that the service provided them with PPE where required.

Learning lessons when things go wrong

- All accidents and incidents were clearly documented with details of the incident, actions taken and any further follow up actions required.
- At the last inspection we found that all reported concerns were recorded as an accident or an incident. There was no review or analysis of these to implement learning, development and improvement. At this inspection this issue had been addressed.
- The registered manager had introduced a formal process to review all accidents and incidents and identify trends and patterns so that the care staff team could benefit from learning, development and improvements to ensure people were protected from harm.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

At our last inspection we recommended the provider follow current best practice, in line with the MCA, especially when assessment and recording people's mental capacity and where decisions have to be made in people's best interest. The provider had made improvements.

- The service had implemented systems and processes which ensured that people or where required, their representative had been given the opportunity to consent to care and treatment in line with law and current guidance.
- People's mental capacity had been assessed and where required information about people's ability to make decision and decisions that had to be made in their best interest had been recorded.
- Care staff had received training on the MCA and demonstrated a good understanding of the law. They explained the different ways in which they supported people, helping them to make their own choices and decisions where possible. One care worker explained, "If people lack capacity, I am there to support them, let them know what I am doing at every step, not that you are taking their independence away from them. You need to ask what they want, give them choice, they will tell you, they can see and show you."
- People and relatives confirmed that care staff were respectful and considerate of people's needs and wishes and always asked for consent and explained what they were doing when supporting them.

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

- People were supported to eat and drink where this was an identified and assessed need as part of the person's care plan.
- At the last inspection we identified that care plans did not always record people's special dietary requirements especially where people had specific guidance and medical intervention to support their

nutrition and hydration needs. At this inspection the service had addressed this.

- Care plans listed people's nutrition and hydration needs in detail with information on their likes and dislikes, how they wished to be supported and any specialist dietary requirements or intervention.
- People and relatives told us that care staff supported them appropriately with meals and drinks, according to their needs and wishes.

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

- People's needs were assessed and their choices and wishes incorporated into the pre-service assessment and care planning process to ensure that the service could effectively meet their needs in line with current standards, guidance and the law.
- The registered manager explained that the pre-service assessment had been reviewed and revised due to the COVID-19 pandemic, with a focus on additional health screening questions and testing for COVID-19 where possible.
- A comprehensive care plan was compiled based on all the information gathered about the person and their care and support needs and the way they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by care staff who had received the required induction, training, knowledge and support to carry out their role effectively.
- People and relatives told us that care staff were appropriately skilled and trained to carry out their role. One person said, "All the girls are well trained and I have every confidence in them. They know what they are doing for me and will do little extra things for me which I appreciate." A relative commented, "I think they are [trained]. I rely, a lot from their knowledge, it's the way they treat him. When he is angry, they try and calm him down and they are gentle."
- The service delivered a wide range of mandatory and specialised training to care staff which included safeguarding, medicines management and administration, dementia care and diabetes awareness. The training provided care staff with the required skills and knowledge to support people safely and effectively.
- Care staff confirmed that the training they received was good and that the service always emphasised the importance of training and refreshing their knowledge. Care staff also stated that they felt appropriately supported in their role through regular supervisions and annual appraisals.

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

- People were supported by care staff and the service overall to receive consistent, effective and timely care. The service worked effectively with other health and social care professionals to ensure people had access to the support and care they required to lead healthier lives.
- Care staff kept records of their support they provided to people so that there was effective information exchange between the care staff team and other visiting professionals. Where issues or concerns were identified these were reported to the office for the appropriate action to be taken.
- Whilst some people accessed healthcare services themselves or were supported with this by relatives and representatives, the service did provide this support when required. We saw records within care plans of where the service had made referrals to access specific health care services such as occupational therapist, district nurses and social workers.
- People and relatives were confident that the care staff that supported them were observant of their health needs and would access appropriate services when required, especially in case of an emergency. One relative told us, "He told me, he went to the hospital and they helped. They booked the transport for him and when back home they carried on supporting him."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to adequately assess, monitor and improve the quality and safety of the service they provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager had introduced new systems and strengthened current systems to assess, monitor and improve the quality and safety of the care people received.
- A variety of audits and checks were completed on a weekly and monthly basis which reviewed and assessed medicines management, staff conduct and performance and the quality of care plans and written records. Where issues and concerns were identified these were addressed immediately.
- The registered manager had also introduced a quarterly service performance review which involved the review and analysis of several areas such as accidents, incidents, safeguarding concerns, spot checks and telephone surveys.
- These systems enabled the registered manager to identify trends and patterns as well as address issues and concerns so that continuous learning, development and improvements could be communicated to the team and implemented.
- The registered manager and the management team understood their regulatory responsibilities and were keen to ensure that these were adhered to and people received safe and good quality care.
- Care staff understood their role and responsibilities and knew they could approach management at any time with their issues or concerns. Care staff spoke positively about the registered manager, their approach to ensuring people receive good quality care and the way in which they were supported.
- During the inspection, minor issues and discrepancies identified and discussed with the registered manager were promptly acknowledged and acted upon. This indicated that the service was willing to continuously learn and improve care quality.
- The registered manager and the management team had worked in partnership with the local authority quality monitoring team and an independent consultant to implement the required improvements identified at previous inspections.

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

- The service worked towards promoting a positive culture which is person-centred, open, inclusive and empowering which achieves good outcomes for people.
- People and relatives' feedback was that the service had made significant improvements over the last 12 months and whilst some people and relatives had minor issues which needed resolving, they had confidence that these would be addressed.
- People and relatives knew the registered manager or a member of the management team and were able to contact them when required. One person told us, "I often have a chat with manager; she wants to know if I am happy with everything." A relative stated, "We do have a clear care plan now but about two years ago we had some issues regarding how it was completed. It is alright now."
- People and relatives told us that they had all been involved in the care planning and review process. Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic, to check up on people's health and mental well-being and to give them relevant updates.
- Care staff were supported through regular training, supervisions, appraisals and staff meetings.

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 demonstrated a clear understanding of their statutory responsibilities when submitting the required notifications to the CQC and other statutory authorities.
- Where people had raised complaints or safeguarding concerns, we saw records of acknowledgement and apology letters that the registered manager had sent to people detailing the actions they would take to address their concerns and make improvements where required.

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

- People and relatives confirmed that the service engaged with them to check on the quality of care delivery and to offer additional support if required. One person told us, "The manager rang me to review what I thought about the service I was getting and if there was anything that could be improved." A relative said, "The manager rings every so often to check that everything is okay. She does come to visit us in person about four times a year to see if we are happy with the service."
- The registered manager explained satisfaction surveys are scheduled to be sent out to people and relatives to obtain their feedback, however, over the last six months focus has been placed on obtaining feedback through telephone calls and reviews. The last survey exercise took place in October 2019 and overall feedback was positive. Where issues had been noted these had been acted upon to make the required improvements.
- Care staff also confirmed that they were regularly engaged and involved with the running of the service through staff meetings and the completion of staff surveys. Care staff felt able to express their views and ideas and these were listened to and valued.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, occupational therapists, GPs and the local authority.