Marego Limited

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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

This inspection took place on 15 August 2017. The provider was given advance notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present to provide the information and documents necessary for the inspection.

During the last inspection on 6 and 7 April 2016 we found the service was in breach of two legal requirements and regulations associated with the Health and Social Care Act 2008. These breaches related to compliance with the Mental Capacity Act (2005) and assessing risk.

Marego Limited is a domiciliary care agency based in North London which provides home based care for children and adults. At the time of the inspection, there were 22 people using the service, 19 of which were children. The service provides nursing and personal care, primarily to children with complex care needs. At the time of the inspection, the service was not providing nursing staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found detailed and up-to-date risk assessments were in place for people using the service. These explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

Significant improvements had been made to ensure that consent to care was obtained from the appropriate person. The service had implemented a policy and training around mental capacity and obtaining consent.

We received positive feedback from relatives and health professionals regarding overall service provision, the caring nature of staff and the high standards of care delivered.

We found that care plans were person centred and reflected what was important to the person which enabled staff to deliver person centred care in line with people's preferences. Care planning was carried out in partnership with the person's family.

We found that staff training, supervisions and appraisals were monitored and updated regularly. There was a comprehensive and on-going training programme. Staff had been trained in the use of specialist equipment prior to providing care for people. Staff were safely recruited with necessary pre-employment checks carried out.

Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medicines training and had their competency to administer medicines assessed.

The service regularly requested feedback from people who used the service, to improve the quality of care people received.

People were encouraged and supported to access the community and engage in activities of their choice.

The management team enabled an open culture that encouraged staff to discuss issues and areas for improvement.

The provider had a quality monitoring system to ensure standards of service were maintained and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risks to people who used the service were identified and managed appropriately.

Procedures were in place to protect people from abuse.

Medicines were safely managed.

There were sufficient numbers of staff available to ensure that people's needs were met.

Is the service effective?

Good

The service was effective. Appropriate consent was gained before care and support were delivered. The principles of the Mental Capacity Act 2005 were followed.

Staff had access to regular training, supervisions and appraisals which supported them to carry out their roles effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring. We received positive feedback from people and relatives regarding the caring and kind nature of staff.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and reviewed regularly with the involvement of people and relatives.

Children and young people were supported to engage in a variety of activities.

The service had a complaints procedure in place and requested feedback from people, relatives and professionals.

Is the service well-led?

Good

The service was well-led. The quality of the service was monitored.

Relatives and staff spoke positively about management and how they were supported.

The service had a positive open culture which continuously strived to improve.

Marego Limited

Detailed findings

Background to this inspection

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

This inspection took place on 15 August 2017. The provider was given advance notice of the inspection because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present.

The inspection was carried out by one inspector. The inspector was assisted by one expert by experience who made telephone calls to parents of children 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.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. We looked at the action plan that the service had provided to the CQC following the last inspection. We also reviewed the provider information return pack (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we obtained feedback from six parents. We spoke with the registered manager and provider, deputy manager, administration assistant and four care staff.

We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care plans and risk assessments. We reviewed seven staff files. We looked at other documents held at the office such as medicines and quality assurance records.

Good

Is the service safe?

Our findings

Parents told us they felt their children were safe with staff from Marego. One parent told us, "Been with them two to three years; safe? Yeah I trust them. They do medication." A second parent told us, "We feel safe, 100 per cent."

When we last inspected the service, we found that although risk assessments in place for children's care needs were comprehensive and addressed individual risks, adults who used the service had not been adequately risk assessed. At this inspection we found the provider had addressed the concern regarding the risk assessments in place for adults. We looked at the care records of one adult and found that their risk assessment identified their individual risks and provided guidance to staff to mitigate the risk. Risks assessed included moving and handling, showering, medicines, gastrostomy care, suctioning, skin integrity and maintenance of equipment. A relative told us that staff were proactive in reporting faults in equipment and arranging repairs to ensure the risks of injury were minimised during moving and handling.

The risks associated with children's care and treatment were appropriately identified. Risk assessments in place identified the hazards identified as a result of carrying out the care task, who could be harmed and the control measures in place to reduce the risk of harm occurring. Specific care tasks were risk assessed such as suctioning, administration of a nebuliser, gastrostomy care, seizures and Percutaneous Endoscopic Gastrostomy (PEG) feeding regime. We discussed the risks associated with people's care with staff who were knowledgeable around the risks and what to do to mitigate those risks.

Staff understood how to keep people safe and their responsibilities for reporting any concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). One staff member told us, "Because we are working with vulnerable children, we have to keep them safe. If I have concerns, first I tell my manager, and then I would go to social worker, CQC or police." Staff understood what whistle-blowing meant and who they could report concerns to.

We received positive feedback from relatives regarding how their loved ones were supported with medicines. A relative told us, "I am happy with medicines." Care plans gave detailed instructions for staff to follow when administering medicines such as the type of medicines prescribed, how to administer the medicines, how the medicines benefit the person and potential side effects of taking the prescribed medicines. Medicine administration records (MAR) contained no gaps in recording and where medicines were administered via PEG or nebuliser, detailed instructions were provided to care staff to safely carry out these tasks.

Records confirmed that staff had received medicines training and had their competency assessed at regular spot-checks. MAR were audited by the management on a regular basis and any issues identified were followed up with the staff member in question.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs and promote person centred care which was confirmed by feedback and by rota's viewed. Relatives told us they had a small team of care staff which had been long established. One relative told us they had the same care staff for five years. Another relative told us, "We have had the same carer for a long time." A third relative told us, "There are enough staff. You know they do their best." Relatives told us they did not experience any missed or late visits.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary reduce the risk of a similar incident occurring in the future.

Good

Is the service effective?

Our findings

Relatives spoke positively about staff and told us they were skilled to meet their family member's needs. A relative told us, "They are trained. They know what they are at; feeding pump, PEG." A second relative told us, "[Person] is on special feeds in a bottle. Yeah they're qualified enough. They do spot checks to see if everything's alright with the carer."

Staff told us that they received regular training and demonstrated a good understanding of the care needs of people who used the service. A staff member told us, "I did training last month. We do training every three months. We do training all the time. Training is very good. It reminds us of what we can forget. It's like a refresher." Training records confirmed that staff completed regular training in areas such as health and safety for children, medicines, nutrition, safeguarding children, emergency first aid including emergency medicines, moving and handling in childcare, and skin integrity. Where staff used specialist equipment such as nebulisers, PEG, suctioning and tracheostomy, they received specialist training and were assessed as competent prior to working with that person. In addition the service was working towards training staff in the use of specialist communication methods such as Makaton and Picture Exchange Communication System (PECS). A health professional told us, "Marego do ensure their staff are competent in meeting the needs of the children and young people, and liaise with our service if further specialist training is required such as non-invasive ventilation training."

Regular documented individual supervisions and annual appraisals were completed for all staff. In addition spot checks were completed by the registered manager and nurse manager on a regular basis. A staff member told us, "I have supervision with the supervisor. It's good for me because I want to know where I am working properly." These processes supported staff to carry out their roles effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. At our last inspection, we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 relating to compliance with the Mental Capacity Act (2005). At this inspection, we found that the provider had addressed this issue. There provider had implemented a MCA policy and arranged for all staff to complete training in MCA. Staff were knowledgeable around MCA and the importance of obtaining consent from people they provided care for. The service primarily supported children and young people under the age of 18 and consent was appropriately obtained from the responsible parent. At the time of the inspection the service was supporting two people over the age of 16. The service had implemented a consent form which assessed whether the person had capacity to consent to their care and whether a best interest decision was then made by the care assessor.

People who use the service were supported to maintain good health and received on-going health support. We received positive feedback from health professionals who were regularly involved with the service. A health professional told us that the service communicated well and was very responsive to changes in people's needs. Care records contained communications from health professionals such as dieticians detailing changes to people's feeding regime which was then updated in the person's care plan and risk assessment.

Where necessary, people were supported with meal preparation which was detailed in their care plans. People's likes, dislikes and meal preferences were noted. Allergies were noted on people's care records. Many people receiving care received food and fluids via PEG or feeding pump. We saw detailed instruction in people's care plans on how to prepare feed, the type of feed to be used, the duration of the feed and the flush amount. Staff were trained in how to administer medication and food via PEG tube and had their competency to do so assessed.

Good

Is the service caring?

Our findings

Relatives were very complimentary about the caring and friendly nature of staff who provided care. One relative told us, "The carer dotes on [Person]. They have built up a good relationship and good rapport. [Person] had a birthday party. The carer came and [Person] was thrilled to see her." A second relative told us, "They're really really good; I'm happy with the care of my daughter. They're friendly and respectful." A third relative told us, "Every time [carer] sees [Person], she interacts with him. Seems like she cares."

During our conversations with staff, they demonstrated they cared for the people they supported and aimed to deliver person centred care. A staff member told us, "[Person] doesn't talk and doesn't move. When I get there I talk to her. I let her know I'm there. I play with her. She may not know what I am doing but I communicate with her always." A second staff member told us, "I'm happy. I'm a mother. I am happy to look after the child. I am introduced to the parents."

All staff we spoke with told us that they provided care for the same people on a regular basis and knew their needs with some staff having cared for the same people for a number of years.

Relatives told us that staff respected their loved ones privacy and dignity. A relative told us care staff were "respectful." Staff demonstrated an understanding of how to protect people's dignity and privacy and could give examples of ways they ensured this happened, for example, closing doors and curtains and covering exposed areas of skin.

People and relatives were involved in care planning and this was evident in the information contained in care assessments. Care staff often worked alongside relatives when delivering care and care records detailed who was responsible for what task. A relative told us, "I was involved. I told them what I wanted out of the service for [Person] and for us as a family." A second relative told us, "We had a meeting at the start; if I ask a question they always give me an answer." One person's care plan stated that they enjoyed attending school and going out; that they liked bright lights and sensory play and when their family sat with them and listened to music. Their care plan further stated that they liked to be read to at night and if they did not fall asleep, they liked to talk to their carer about their day.

Care plans detailed how people communicated their needs. One person's care plan gave staff detailed guidance on how to communicate with the person to ascertain their preferred television channel. Another person's care plan explained how the person communicated through facial expressions and sounds.

Good

Is the service responsive?

Our findings

Relatives told us their family members received personalised care which was responsive to their needs. One relative told us, "We arrange the hours to suit us. The carer is quite flexible, if I have things going on, she will meet my needs." A second relative told us, "They have told us multiple times, if we have any concerns, we can call them at any time and they will be sorted."

Care plans were comprehensive, person centred, reviewed regularly and updated as changes occurred. Care plans included people's day and night routine in detail which meant that care staff could provide care that was tailored to their individual requirements. In addition, where care tasks required the use of specialised equipment or medicines, a separate care plan was created to provide care staff with detailed instructions on how to deliver safe care. Examples of care plans included; how to administer emergency medicines in event of an epileptic seizure, gastrostomy care, nebuliser, continuous positive airway pressure therapy (CPAP) and gastrostomy- jejunostomy. Relatives told us that care plans were stored at the person's home. A relative told us, "I go through the document at [Persons] home to see what service he is getting and to check that they are managing the package." A staff member told us, "If I do a night shift, I will pick up the file and go through. So it's to know what I am doing."

People were supported to engage in a range of activities which reflected their goals and interests. Care plans detailed people's daily routine and provided care staff with guidance on how to engage children and young people in activities. Marego provided a combination of 24-hour care and allocated care visits. Relatives told us that care staff were pro-active in engaging their child in activities at weekends or on days they were not attending day centres. One relative told us, "In the summer the carer on duty will take [Person] to the park. They take [Person] to church on Sunday." A second relative told us, "The carer does physio, play therapy and messy play."

Care staff recorded their visits in a log book. We saw that they were detailed and clear to read and stated what care tasks were delivered, activities undertaken and any additional information such as family events and celebrations.

The provider had a complaints procedure in place which was included in the service user guide. Relatives told us they had no complaints and were confident that if they had any concerns, they would be addressed. Some relatives told us that when they had raised issues in the past, they were satisfied that the provider took appropriate action to address their concerns.

Relatives told us they were asked for feedback on a regular basis. A relative told us, "Reviews twice a year, questionnaires twice a year." A second relative told us, "The agency stay in contact with me."

Good

Is the service well-led?

Our findings

We received positive feedback from relatives and health professionals about how the service was managed, overall service provision and how that impacted on their relative's life and their family. A relative told us, "We are really happy. They are really good for [Person] and good for us." A second relative told us, "We are really pleased. They have had a huge input on [Person's] development." A health professional told us, "The service is very well managed, quick to respond to queries, and also very good at supplying management information."

The service had an open culture which encouraged good practice and continuous learning. The registered manager is a registered nurse and during the inspection was very knowledgeable around the specific health needs of the children and young people who used the service and how to best support them. Staff were positive about the support they received from the registered manager and management team. A staff member told us, "Management are supportive. It's a good organisation." A second staff member told us, "I would recommend this service. It's very good. That's why I have been working here five years."

The registered provider maintained links with the local community and actively participated in promoting social care causes. The service had recently sponsored a child protection booklet for a local school which provided advice to children and young people on issues such as drug and alcohol misuse and other relevant social issues.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager and nurse supervisor carried our regular unannounced spot checks to check on staff competencies and the quality of care delivered. The spot-checks assessed time management, appearance of staff, quality of care, written and oral communication, administering medicines and use of specialist equipment. During the spot checks, people and relatives were also given the opportunity to give feedback which was recorded.

When we last inspected the service in their previous location, we found that staff meetings did not take place on a regular basis due to space limitations. At this inspection we found that meetings took place on a regular basis with staff. Staff meetings were scheduled at multiple times to enable care staff to attend. Topics discussed at staff meetings included time-keeping, reporting concerns and incidents, recording activities undertaken and consent to care.

We discussed improvements planned at the service with the registered and deputy manager. The deputy manager told us that their priority was to expand on mandatory staff training. They were in the process of completing a training needs analysis.

There were policies and procedures to ensure staff had the appropriate guidance. Staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.