Marego Limited

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Inspection report

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Date of inspection visit:
06 April 2016
07 April 2016

Date of publication:
01 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 6 and 7 April 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information.

This was the first inspection of the service since it registered with CQC in June 2014.

Marego Ltd 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 21 people using the service, 18 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 care.

The service has 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.

Risks were not adequately assessed for two adults who used the service. During the inspection we identified risks posed to one person which had not been identified by the provider. Detailed current risk assessments were in place for children using the service which were reviewed and updated regularly.

The service did not assess people's capacity to make decisions about their care. The service did not have a Mental Capacity Act 2005 (MCA) policy in place and staff had not received training in MCA. The deputy manager told us that they have arranged for MCA training. Staff demonstrated an understanding of consulting with people before providing care.

Care plans were comprehensive, person centred and regularly reviewed. However care plans were not signed by either the person using the service or their relative.

The provider had a complaints procedure in place and relatives confirmed that they knew how to make a complaint. However, the provider did not log complaints or identify if learning or improvement should be undertaken following a complaint. The provider requested regular feedback from people and relatives.

The provider assessed quality of care by carrying out regular unannounced spot-checks on staff. These spot-checks were comprehensive and identified areas of concern such as medicines and recordkeeping and action was taken as a result.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed.
Regular spot checks undertaken by senior staff found that staff were not always recording the

administration of medicines to people who use the service. The deputy manager confirmed that further medication training and spot checks would be undertaken for staff were there were concerns with management of medicines.

All staff had completed medicines training and care plans contained detailed instructions when administering medicines was part of the care package.

Procedures and policies relating to safeguarding children and adults from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and children and demonstrated an understanding on the types of abuse to look out for and how to raise safeguarding concerns.

The service maintained staffing levels to ensure that people's needs were met. Relatives told us that the same staff provided care to their relative. Relatives also told us that staff attended on time, did not miss calls and if there were any problems, they were kept informed.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had been trained in the use of specialist equipment prior to providing care for people. Staff had regular spot-checks and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People who used the service and their relatives told us that they were happy with the care and support that they received. Staff knew the people they were supporting very well and carried out their duties showing dignity and respect at all times. During the inspection we saw caring interactions between staff and people who use the service.

At this inspection we identified breaches of Regulations 11 and 12. These breaches related to risk assessments and failure to comply with the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk has not been adequately assessed for adults who used the service.

Medicines were managed effectively and action was taken as a result of issued being identified during spot checks completed by senior staff members.

Staff knew how to safeguard people from abuse.

There were sufficient staff to ensure peoples care needs were met. The service carried out pre-employment checks.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not always aware of what Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were. The service did not have a MCA policy and staff had not received any training on MCA. People's capacity was not assessed and care plans were not signed by people or relatives to show they consented to the care provided.

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

Staff had received specialist training to ensure they were competent in using equipment to provide nutrition to people who used the service.

People had access to healthcare services which was mostly arranged by family members.

Is the service caring?

Good

The service was caring. We observed caring interactions between management, staff and people who use the service.

People and relatives spoke positively about staff. People were treated with dignity and respect.

Care plans were detailed and provided information about people's needs likes and dislikes.

Is the service responsive?

Good

The service was responsive. Complaints were investigated and people and relatives knew how to complain.

Care plans were person centred. Staff demonstrated an understanding of person-centred care.

Is the service well-led?

Good

The service was well led.

The provider had a system for monitoring the quality of care with regular audits and actions taken were necessary.

There was a clear management structure in place and people and staff spoke positively of the registered manager and deputy manager.

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 was planned to check 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 6 and 7 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service.

This inspection was carried out by one inspector and a specialist advisor in nursing care. Before the inspection we looked at information we had about the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. They did not return a PIR and we took this into account when we made the judgements in this report.'

During the inspection, we spoke with the registered manager, deputy manager and the administration and quality manager. With permission we visited two people within their own homes during which we spoke with one person who uses the service and a relative of another person. We reviewed nine care plans and seven staff files and records related to the management of the service. We spoke with one professional involved with the service who attended the office during the inspection.

After the inspection we spoke with four relatives of people using the service and three care staff.

Requires Improvement

Is the service safe?

Our findings

The provider did not always adequately assess risk for the adults who used the service. We looked at the risk assessments for both children and adults and visited some people who used the service. We identified a number of risks to one adult that had not been assessed by the provider. We discussed this with the registered manager and deputy manager who told us that the registered manager would arrange a visit with the person within one week and carry out a comprehensive risk assessment. We saw that a pre-assessment for the person had not been completed by the registered manager or a suitably qualified senior member of staff. This meant that the care plan and risk assessment in place for the person did not fully address the risks that could affect them.

In another adult's care records, there was a previous concern about skin integrity where staff noticed redness of skin and correctly escalated their concern to the district nursing team. However, the person's risk assessment was not updated. This meant that people were not always protected from risks and action had not always been taken to prevent the risk of harm.

This was in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments in place for children who use the service were comprehensive and addressed the risks identified. We saw that they included assessments for the use of specialist equipment such as tracheostomy, nebulisers, Percutaneous Endoscopic Gastrostomy (PEG) feeding regime, mobility and medicines. Risk assessments were reviewed annually.

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 benefits the person and potential side effects of taking the prescribed medicines. The service had a medicines policy and procedure. However, during the inspection, a spot check carried out by a senior staff member found inconsistencies in the way staff recorded the administration of medicines. There was a code on Medicines Administration Record (MAR) charts to specify if the relative had given the medicines and this was not always completed by staff. Spot checks undertaken also found that staff were not always recording the administration of medicines. The deputy manager told us that further medicines training would be provided to relevant staff and additional spot checks would be carried out to assess staff competency.

People and relatives told us that they felt safe. One person told us, "I feel totally safe with them." A relative told us, "[My relative] is very safe and loves the carer."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One staff member we spoke with told us, "Making sure no risks, no harm comes to the client, neglect, physical, financial. Making sure the client is safe at all times." Staff had received training in safeguarding both adults and children from abuse and could identify examples of abuse and what action they would take if they had concerns.

Staff knew which external organisations they could report concerns of abuse to. One staff member told us, "If I notice something not right within the organisation, I go to the correct authority like CQC or the police." Staff told us they had whistleblowing training and had read the whistleblowing policy. The service had a safeguarding policy in place for both adults and children which identified types of abuse, signs to look out for, the procedure for reporting concerns and local authority contact details. The policy was also distributed to clients as part of their service user's guide.

People and relatives told us there were sufficient staff to meet their needs. One person told us, "[the staff member] comes in Monday, Thursday and Friday and [another staff member] comes in Tuesday and Thursday. It works really well." A relative told us, "[There have] been two carers from Marego. [My relative] doesn't like change and he knows them. They always turn up on time, very good."

The service followed safe recruitment practices. 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 and children. Records confirmed that staff members were entitled to work in the UK.

People told us that staff arrived on time and they did not experience any missed calls. People and relatives told us that if there were any issues with staff running late or any changes to staff, they were informed in a timely manner. However, the missed or late calls were not monitored.

Requires Improvement

Is the service effective?

Our findings

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.

The provider did not fully understand the MCA and how this impacted on the adults who used their service. There was no MCA policy in place and staff had not received any training in MCA. The provider did not complete any capacity assessments for adults who use the service. The deputy manager told us that if they had concerns about a person not being able to make decisions, they would refer their concerns to the allocated social worker and let them know what the issue was. The deputy manager told us that they had booked MCA training as they understood that this was an area they needed to improve on.

Some staff we spoke to demonstrated an understanding of MCA. However, one staff member told us, "It's with adults, I have heard of it. To do with mental state of clients. I don't do adult care." Another staff member who worked with adults told us, "I know to an aspect, learning disabilities as well as depression." However, all staff we spoke to confirmed that they always asked for consent before delivering care to a person. One staff member told us, "We have to inform [the person]. We get signs to know [the person] understands. We get a double nod." Another staff member told us, "We use sign language. [The person] doesn't speak but understands. I tell [the person] what I am doing, for example raising armpit. I let [the person] know everything."

Care plans in place for all clients were not signed by either the person or a relative, nor were people or relatives asked to sign to record that they consented to the care and treatment being provided to them. The deputy manager said that people and relatives were shown a copy of the care plan and asked for comment prior to the care plan being put in place.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "I couldn't ask for better carers." A relative told us, "They are really good. They know what they are doing. They are aware of his needs and that is very important." Another relative told us, "They are trained and even show us how to do things." A children's social care professional told us that the agency was one of their preferred agencies in the locality.

Staff had the knowledge and skills which enabled them to support people effectively. The registered manager told us that if a person required assistance from specialist equipment such as a tracheostomy, PEG machine or assisted ventilation, the staff member would receive specialist training on using the equipment prior to providing care for the person. The registered manager told us that sometimes training is undertaken

in hospital or a specialist trainer delivers training in the office.

New staff completed an induction programme which included training in principles of childcare, infection control, maintaining health and hygiene of children, basic life support, safeguarding adults and children and pressure area care. One staff member told us, "Induction was really helpful; they educated me with carer's behaviour and trained us to meet clients." The deputy manager told us that new staff spent a minimum of one week shadowing a colleague and spending time with the person and their family before doing a trial shift on their own.

Staff also underwent yearly mandatory training and training certificates were available in staff files to confirm this. 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, "We are doing training every month." Another staff member told us, "Every time I am asked to do training. In the last two months, I did safeguarding children, health and safety at work and moving and handling." Another staff member gave us an example of were the persons artificial feeding regime was changed and as a result, staff providing care for that person had to complete updated training in order to ensure they were competent in this area of care.

Staff had regular supervision and spot checks and annual appraisals. Some staff files did not contain evidence of recent appraisals. The deputy manager advised us that some paperwork was lost when the service relocated to a new office and staff had been contacted to provide copies of supervisions and appraisals for their files. Staff we spoke with confirmed that they had received regular supervision sessions and annual appraisals. One staff member told us, "They pop in all the time and do spot checks. I had an appraisal with [the deputy manager] two or three weeks ago. I have a few copies to hand in. They give them to you to read, sign and put in your folder." Another staff member told us, "Yes we do [appraisal] two or three months ago. We take concerns – duties, hours, clients, families, and the company and go through it."

The service provides care to people in their own homes. A significant number of clients required assistance with feeding through a PEG tube. We saw detailed instruction in peoples 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. All staff undertook a food hygiene course. Staff we spoke to demonstrated a sound understanding of the procedures involved in feeding people and were knowledgeable around the quantities of food, the flush amounts and the persons preferences. One relative told us, "[Staff member] is able to understand gastrostomy and pumping." Another relative told us, "[My relative] is fed by a gastrostomy tube and they have to know that. We also get six hours respite every two weeks and we have an evening out. They will feed and look after [my relative]. We trust them."

People who use the service were supported to maintain good health and received on-going health support. Documents showed that following a review visit by the provider, a change to a person's personal care needs was identified. The provider contacted the appropriate healthcare professional and requested an assessment and followed up by the deputy manager. The deputy manager told us that parents of the people who use the service were very hands-on and mostly arranged their own healthcare appointments.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. A relative told us, "They integrate well and have bonded with [my relative]. [My relative] enjoys their company and smiles when she hears their voices. They are very motherly. We feel the carer is part of the family and really enjoy having them around. They send birthday cards." Another relative told us, "[My relative] loves the carer." Staff told us that the person was at the centre of the care they provided. One staff member told us, "It is about the care of the whole person; social life, family, not only about care, it is holistic, it is everything. We make sure the client is happy and comfortable." We observed caring and compassionate interactions between staff, the registered manager, people who used the service and their relatives. We observed staff being attentive to people and one staff member explained how much the person enjoyed the television programme they were watching.

The deputy manager told us that some of the people who used the service were non-verbal and use alternative methods of communication such as Makaton, which is a language programme using signs and symbols to help people communicate, and sign-language. The deputy manager told us that staff received communication training and gave an example of were staff went to the person's school to learn communication techniques. When we spoke with staff we were told that they used alternative methods to communicate with people so their needs were understood and met.

People told us that staff respected their privacy and dignity. One person told us, "I have never had any problems. They shout are you okay when I am in the bathroom." Staff told us they respected people's privacy and dignity. A staff member told us, "We make sure the person is covered. We shut the door and put a notice up. Making sure their dignity is very important. We can't expose them." Another member of staff told us, "Personal care, door closed. Don't want third party, get equipment ready. [The person] likes lukewarm water."

The provider had an equality and diversity policy and staff received training on equality, diversity and inclusion. Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who use the service. A staff member told us, "very important because I am in their environment and I have to understand and know their culture and respect differences. Every child needs the same committed care as the next person."

In the service users guide, the provider makes it clear to people who use the service and their relatives that it would be inappropriate for a client to ask them to select care staff based on their race, age, gender, ethnicity, sexuality or religion with the exception of a gender preference when personal care is being administered and if the person using the service had any specific religious or traditional customs.

Good

Is the service responsive?

Our findings

People and relatives told us they received personalised care which was responsive to their needs. A person using the service told us, "It works really well. They give me tea, water and get my lunch." A relative told us, "They make suggestions based on other patients. One of the problems with the gastrostomy was fluid leaks which irritated the skin. One carer recommended a type of dressing to keep the area clean and dry. We went to the doctor to get it." The registered manager told us of an instance were a relative had concerns relating to the flush amount when using a PEG, the registered manager visited the home and recommended a different flush amount which resolved the problem.

Care plans were person centred with careful attention to detail and reflected the importance of the whole family's involvement in the person's care. Peoples care records included a client information sheet which contained personal details, contact details of professionals involved in their care, medical information, and social history. People's likes, dislikes and preferred activities were included within their care plan. Care plans described people's daily routine in detail, including information on what people could do for themselves and what they required assistance with. This helped care workers understand people's individual wishes and provide care that was tailored to their individual requirements.

We observed that people's care plans contained at their homes and the care plans in the office were the same, so staff had access to the most up to date care plan. Care plans were updated on a yearly basis. However, saw that one care plan was last updated in March 2015 and this was brought to the attention of the registered manager and deputy manager.

In relation to person centred care and whether they had enough time to spend with people, a staff member told us, "You can't rush. [The person] needs PEG to eat, you can't rush them. You have to get the time and sometimes you over time." Another staff member told us, "I have enough time to provide care according to the care plan. I am facilitated." A person told us, "Sometimes I ask can they stay a bit longer. [Staff member] is staying longer today." A relative told us, "The carer usually comes 10 minutes early." This meant that people who used the service received appropriate care in an unhurried way.

The provider had a complaints procedure in place and this was included in the service user's guide. Relatives confirmed that they knew the complaints procedure and when they had a complaint, it was quickly dealt with. One relative told us, "At the beginning we had a problem with the carer for one night had to complain and all sorted out." Another relative told us, "I know who I can contact if I have any issues. I have the office number and I also have the registered and deputy manager's numbers." Complaints were not logged or analysed to identify if improvements could be made in particular areas.

Staff regularly requested feedback from people and relatives and people were asked if they had any complaints. Staff also confirmed during the feedback sessions that people and relatives were aware of the complaints process and how to submit a complaint. The deputy manager told us that people who used the service were visited every three months by the administration and quality manager to request their feedback. These visits were recorded in peoples care records and we saw evidence of changes to care plans

made following these visits.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the registered and deputy manager and how the service was run. A person told us, "This company is really good." A relative told us, "We have been using Marego for many years and [the registered manager] is very involved, very personal." Another relative told us, "They [management] are quite good. I can phone them or text them."

Staff spoke positively about the registered manager. A staff member told us, "I feel supported by management." Another staff member told us, "[The registered manager] is very good, very supportive. They are advising me to do courses. I am happy." The registered manager is a registered nurse and regularly delivered training sessions to staff on ventilation and PEG feeding using specialist equipment obtained by the service.

The deputy manager told us that they have not had any staff meetings since they moved into their current office mid 2014 due to space restrictions. The deputy manager told us that this was initially a temporary arrangement and they are hoping to move into more suitable premises soon. The deputy manager told us that despite not having regular staff meetings they communicate with staff on a frequent basis via telephone, email and instant messaging. Staff told us that they spoke with the registered or deputy manager on a regular basis about any issues they had when they handed their timesheets to the office. The deputy manager told us that they updated staff on necessary information when they called into the office. Staff told us they felt supported by management.
Quality assurance systems were in place to monitor the quality of care delivered and staff competency. A senior staff member who is a registered nurse conducted regular spot supervision visits with staff. These were unannounced visits to the homes of people who used the service. The spot-checks assessed time management, appearance of staff, quality of care, written and oral communication, administering medication and comments from the person using the service or their relative. We saw that areas for improvement were identified as a result of these checks such as recording keeping and the recording of medicine administration and that some of the concerns were addressed at the time with the relevant staff member, such as going through procedures identified in the care plan to ensure a better understanding. Following care records spot checks carried out by the provider, daily record reports were up to date and comprehensive. This shows that there were improvements made to record keeping as a result of the spot check. The deputy manager told us that as a result of spot checks staff were asked to complete training and would be subject to more frequent supervision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(3) Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(2)(a)(b) The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users