

Mrs Margaret Skinner

Marjon Home Support Agency

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

Care service description

Marjon Home Support Agency provides care and support to a range of people living in their own homes including, older people and people with physical disabilities. The support hours vary dependant on people's preferences. At the time of the inspection 12 people were receiving care and support from the service in the East Kent and Bromley areas.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

The registered manager was leading the service and was supported by the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. Complaints were investigated and responded to.

Assessments of people's needs and any risks had been completed and care had been planned with people to meet their needs and preferences and keep them safe. People were supported to have maximum choice and control of their lives and staff supported them to continue to be part of their local community.

Changes in people's health were identified and staff contacted people's health care professionals with their agreement. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. Staff prepared food and drinks to people's preferences.

People received their care and support from the same care staff. They told us staff always arrived on time and had never failed to arrive to support them. Staff were recruited safely and Disclosure and Barring Service criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider and registered manager had oversight of the service and checked the quality of all areas of the service regularly. Staff felt supported and were motivated by them. Staff shared the provider's vision of a good quality service. Records in respect of each person were accurate and complete.

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 is Good.

Risks to people had been identified and staff supported people to be as safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service remains Good.

Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

Staff prepared food and drinks to people's preferences

People were supported to contact doctors and attend healthcare appointments.

Is the service caring?

Good ●

The service remains Good.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to remain independent.

Is the service responsive?

Good ●

The service remains Good.

People had planned their care with staff. They received their care and support in the way they preferred.

People were confident concerns they raised would be resolved to their satisfaction.

Is the service well-led?

Good ●

The service remains Good.

Checks were completed on the quality of the service and action taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the provider. They had clear roles and responsibilities and were accountable for their actions.

Marjon Home Support Agency

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 was a comprehensive inspection.

This inspection took place on 13 and 14 June 2017 and was announced. Forty eight hours' notice of the inspection was given because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. The inspection team consisted of one inspector.

Before the inspection, the provider completed 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. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we visited and talked with one person in their own home, contacted one person by telephone and one person by email to get their views about the service they received. We also spoke with the provider and staff. We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes.

We last inspected Marjon Home Support Agency in April 2015. The service was rated Good.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff from Marjon Home Support Agency visited to provide their care and support. One person had commented in the annual quality assurance survey, 'The regularity of carer [staff member's name] and visits each week has initiated an order to each week which I am sure has been a helpful to acceptance of my condition'.

At our last inspection we found people were not protected by robust recruitment procedures. Staff were now recruited safely. The required recruitment checks had been completed. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Any gaps in staff's employment history were discussed. Continued improvements were planned. The provider told us, "We don't employ carers, we employ people who really care".

People told us they always knew the staff who provided their care and support and this was always the same one or two people. New staff were introduced to people before they began providing their care. One person told us, "I always get good support when my usual support worker is off, which is great. They know me and I get consistent support". Staff arrived on time and stayed for the required amount of time. People told us staff always arrived to provide their care and support. Cover for sickness and annual leave was provided by other members of the team. The registered manager and provider were on call out of hours to provide any advice and support staff needed.

At our last inspection we found the provider had not ensured that comprehensive risk assessments had been completed to protect people against the risks of unsafe care and treatment. Risks were now identified and people had been involved in planning how to manage risks. Risks, such as the risk of people falling had been identified and action had been taken to mitigate the risks, including making sure people were wearing supportive shoes. Guidance was available for staff to refer to about how to manage risks. For example, 'Ensure [person's name] boots are on before supporting them to transfer to stand up. Without their boots [person's name] is extremely unstable'. Any accidents and incidents were recorded so the provider could analyse them to identify any trends.

Checks were completed on people's homes to identify any risk to people and staff. Staff were provided with disposable gloves, aprons and other protective equipment which they used to keep people and themselves safe.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the provider and registered manager would take any action that was needed. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

People's medicines were managed safely. Staff had completed medicines training and their competency to

administer medicines safely had been assessed. Accurate records of people's medicines were kept.

Is the service effective?

Our findings

People were supported and encouraged to make choices about all areas of their lives, including what they had to eat and drink and how they spent their time.

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. Staff had received training in relation to the MCA.

Some people did not need support to make decisions. Staff offered other people information in a way they could understand, to help them make decisions. Staff supported people to make decisions in ways they preferred, such as showing them a limited number of choices at a time.

People's ability to make decisions had been considered when necessary. When people were not able to make a decision, staff contacted people who knew them well such as family members and health care professionals to make decisions in their best interests.

Staff supported people to maintain good health and contacted people's GP or community nurse when they felt unwell. When people asked, staff supported them to see their health care professionals by arranging home visits or accompanying them to appointments.

People told us staff prepared the food and drink they liked, in the way they preferred. One person told us the staff member who supported them was a good cook. Staff supported people to prepare meals and snacks. Guidance was available to staff about people's preferences and the support they needed. For example, one person's care plan stated the person always had the same breakfast of tea, porridge and toast. People told us staff always left drinks where they could reach them and encouraged them to eat.

Staff had received the training they needed to complete their roles. Staff completed an induction to get to know people, their preferences and routines. They received regular training and updates to perform their duties. Staff had either completed or were working towards recognised adult social care vocational qualifications.

Staff told us they felt supported by the provider and registered manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Is the service caring?

Our findings

People told us staff were kind, caring and had time to spend with them. One person told us, "[Staff member's name] is fantastic. She is willing and will do whatever I want. We have a good laugh". Another person told us, "I get excellent support from staff". People's comments in the annual quality assurance survey included, 'Carers have been kind and helpful to me at all times', 'Staff are always helpful and pleasant' and 'Delightful and helpful'.

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of staff. Staff knew people well and understood what was important to them, such as maintaining their independence. One person told us, "My carer gives me the space I need to do things for myself. They don't rush in and take over but let me do things in my own time".

Staff supported people to remain independent for as long as they wanted and explained to us what each person was able to do for themselves. Information about what people were able to do for themselves was available for staff to refer to in people's care plans. One person told us the support they received from Marjon staff, enabled them to "Live my life, be independent and do what I want each day".

Staff knew how people let them know about the care and support they wanted. For example, using gestures and pointing. People told us staff responded appropriately to their requests. One person told us, "I can ask [staff members name] to do anything". Another person told us staff use their 'initiative' and provided the support they required without being asked.

People decided how much privacy they had and staff respected this. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. One person's care plan instructed staff to wait outside the bathroom and informed them how the person would tell them they needed support.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support to share their views were supported by their families, solicitor or their care manager. The provider and registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

The provider or registered manager met with people and their representatives to talk about their needs and wishes, before they began to receive a service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the provider and registered manager make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives when necessary. People told us staff provided their care in the way they preferred. Information about people's abilities and the care they needed was available for staff to refer to in people's care plans. Staff prompted and encouraged people to do what they were able for themselves and supported them when needed. People told us staff did not do anything they did not ask or want them to do. The provider had recognised that some people's care plans needed to be more detailed and had a plan was in place to work with people and staff to address this.

Staff regularly reviewed people's care with them to make sure it continued to meet their needs and preferences. People told us they were able to change the care and support they wanted and agreed this with staff and the provider.

Routines were flexible to people's daily choices but remained the same when people preferred this. People told us staff knew their preferred routines and supported them to follow these. One staff member told us it was very important they arrived at the same time each day and followed one person's routine precisely as this supported the person to continue to work.

People told us staff supported them to follow their interests. One person told us, staff took them to look around the shops when they wanted to and they really enjoyed this. Staff supported another person to attend a class they enjoyed each week. Staff knew what people were interested in and chatted with them about things they enjoyed. For example, one person chatted to staff about the pets they had had in the past and their love of animals.

People told us the provider, registered manager and staff listened to any concerns they had and addressed them. A complaints policy and procedure was available to people, their relatives and visitors. No complaints had been made about the service. One person told us, "I would contact the manager or owner if I had a complaint but I have never had a concern".

All the people we spoke with told us they would recommend Marjon Home Support Agency to other people. One person told us, "I can't fault them. They do a jolly good job".

Is the service well-led?

Our findings

The registered manager was leading the service in Bromley and the provider was leading the service in East Kent. They knew people and staff well. Staff told us they were supported by the provider and registered manager who were always available to give them advice and guidance when they needed it. They told us they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They said they felt valued and appreciated. Staff worked well together to provide people with the care and support they needed.

There was a culture of openness; staff spoke with each other and with people in a respectful and kind way. The provider had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be. This vision was shared by staff. Staff treated people as they would want to be treated and provided people's care in the way they would like their family to be cared for. One person told us, "I feel safe with the carers. They are more like daughters".

The provider and registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by observing their practice. Any shortfalls were addressed immediately. One person told us, "They staff are dedicated". Staff were reminded about their roles and responsibilities during one to one meetings. They understood their roles and knew what was expected of them.

People and their relatives had been asked for their feedback about the service annually and action was taken immediately to address any concerns raised. One person told us, "I get a first class service. I could not get a better service". Staff fed back their views during one to one meetings and regular chats when they met the provider or registered manager. A process was not in operation to ask other stakeholders, such as doctors for their views of the service. This is an area for improvement.

The provider completed regular checks on all areas of the service including the support people received and records. They had taken action to address any shortfalls they found.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating at their office and arrangements were in place to display it on their website when it was available on the internet.