

Marygold Care UK Ltd

# Marygold Care UK

## 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 3 December 2015 and was announced. We told the provider one day before our visit that we would be coming. Marygold Care provides domiciliary care and support to three people living in their own homes in Harrow and surrounding area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 200 and associated Regulations about how the service is run.' The registered manager was on duty on the day of our inspection and we also met with one of the directors, who was also the owner of the domiciliary care agency.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Staff understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

The service encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves

approachable with a clear sense of direction for the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

## 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.

Staff understood how to protect people from abuse and harm.

Risks to people's health and welfare were assessed and managed.

There was an adequate number of staff deployed to meet people's needs. People said there were enough staff to meet their needs.

People were protected through the staffing arrangements, which were flexible to meet their needs.

Recruitment practice protected people from staff who might not be suitable to work with vulnerable adults.

### Is the service effective?

Good 

The service was effective.

People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Staff were supported to fulfil their roles and records of regular supervision and appraisals had been kept. Staff told us they were supported by the management.

People were able to make choices about what they ate and were supported to eat and drink in a safe manner.

### Is the service caring?

Good 

The service was caring.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted on.

The service ensured they provided the same care staff whenever possible so people had continuity of care.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

The support plans and risk assessments detailed people's care and support needs. These were reviewed every three months or earlier if any changes to the person's support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were two directors who worked in the service and a registered manager.

Staff felt supported by the registered manager who they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

# Marygold Care UK

## **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 3 December 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

During the inspection we went to the provider's head office and spoke with the registered manager and one director of the company. The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with two people receiving care over the phone. We also spoke with three care staff. We also contacted the local authority for their view of the service.

We reviewed the care records of three people who used the service, and looked at the records of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well. One person told us, "I am happy with the care that I receive." Another person said, "I am satisfied with the level of care. We never feel vulnerable. Staff are trustworthy."

People who used the service were protected from the risk of harm and abuse. The provider had a safeguarding policy and procedure together with contact details of the local safeguarding team. Staff had received training in safeguarding adults. We spoke with three staff and they knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, care coordinator or where appropriate, the local authority or Care Quality Commission (CQC).

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, notes from the staff's interview, references, proof of identity and criminal records checks. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

Risk assessments had been carried out and recorded in people's care records. We saw that each person had individual risks assessed as part of their initial and on-going assessment of needs. Risk assessments covered a range of areas, such as the physical environment, safety and security at home, moving and handling, risk of choking and medicines. One person's risk assessment gave detailed instruction of how to move the person from their bed using the different slings and hoist provided for this person to ensure their safety at all times. Staff told us and records showed that all staff had received training in manual handling. Copies of risk assessments were kept at people's homes to ensure staff were able to access them as required.

The provider had arrangements for health and safety checks of a person's home to ensure staff were working and caring for people in a safe environment. Staff told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff said they would contact the manager or director as soon as possible. If required, an investigation was carried out and an action plan developed. We saw where an incident had occurred a memo was sent to all staff reminding them of the procedures to take to ensure a person's safety. This helped to remind staff of the need to keep people safe and the correct procedures to take to avoid a reoccurrence of the accident.

There was an adequate number of staff deployed to meet people's needs. People said there were enough staff to meet their needs. The care agency has never been short staffed. The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager to discuss any issues arising. Staff were available when people needed to attend

medical appointments, social activities or other events. Rotas were set up in response to people's preferred times and days.

People said they received help with medicines in the way they wanted and were happy this was working well. They were supported to take their medicines by staff trained in medicine administration. There was a policy in place for their reference. When a medicine was administered or prompted this was signed for by the staff member.



# Is the service effective?

## Our findings

All people receiving care confirmed that staff had the right skills and knowledge needed for their role. The agency's recent survey results showed that people thought staff understood their care needs and knew what they were doing. One person told us, "We are satisfied with the care given. Staff are very good at their work."

Staff completed an induction to ensure they were aware of their roles and duties, and that they were able to undertake them competently. The Care Certificate had been introduced as a method of induction for staff. The Care Certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. We saw from records that staff were observed and assessed in practice to ensure they met essential standards of care. Staff told us the induction lasted three months and included attending training, shadowing experienced staff and reading care plans. New staff were assigned a mentor and were given feedback on their progress at regular intervals.

Staff regularly attended training to ensure they had the knowledge and skills to undertake their roles. Training information showed that staff had completed core training and specialist training such as epilepsy and dementia care where required to meet people's specific needs. Staff confirmed there was good access to training opportunities and personal development was encouraged. Regular competency assessments were undertaken to ensure staff provided safe care to people in regards to moving and handling, and medicine administration. Staff confirmed there was good access to training opportunities and personal development was encouraged.

Staff told us they felt well supported by the management. The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 service had up to date policies and procedures in relation to the MCA and consent. Staff were knowledgeable about the requirements of the MCA and issues relating to consent. Staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

People were supported by staff with their healthcare needs. Staff worked with other healthcare professionals to monitor people's conditions. One person told us they visited their GP independently,

another told us the staff supported them to make their appointments and accompanied them. Care plans included details of how people needed to be supported to keep well.

People were supported to eat appropriate food and drink that met their needs. People told us they were able to have food and drink they wanted and staff supported them to prepare their meals. Dietary requirements for people were detailed in their care plans. People's religious and cultural needs were met by staff when preparing food. Staff would use food and fluid charts to monitor a person's eating or drinking if they were concerned about a person's nutrition and fluid intake. Records showed that staff were trained in food nutrition and food safety.

## Is the service caring?

### Our findings

People told us they were very happy with the care and support they received. People told us they were treated with dignity and respect by staff. One person told us, "Staff work with people in a supportive way."

People were encouraged to be involved in decisions about their care. They were asked about the support they required and how they wanted that support to be delivered. The registered manager told us it was important for people to engage in the service and be able to work towards agreed goals. Staff told us they ensured people were involved in day to day decisions about how they were supported. One person said, "I have been involved in my care plan."

Staff treated people with respect and upheld their dignity. One person told us, "Staff are always kind and helpful." People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. People told us they were always given a choice and staff respected their decision. They told us staff ensured the doors were closed and curtains drawn together when providing them with personal care. Staff spoke respectfully at all times about people when they were talking to us.

The service manager completed spot checks on staff to ensure they supported people in a respectful and professional way. The service manager contacted people to ask their permission to do staff spot checks whilst people received support.

The same staff supported people to ensure continuity of care, and to enable staff to build relationships with people. Staff were matched to people according to their skill set and also considered personalities, interests and cultural backgrounds. If people requested a change in staff this was respected and actioned. Staff were also matched according to people's preferences.

People's care records outlined people's religion and their cultural needs. Staff were aware of people's backgrounds, and were respectful of people's religions and cultures. This included ensuring their preferences in regards to how personal care was delivered and how their nutritional needs were met. For example staff were aware of what practices needed to be followed on a person's religious Sabbath day and ensured appointments did not clash with the times people kept for prayer.

The service had a strong, visible person centred culture, providing care to people to meet their individual needs. Staff told us and we saw from records they had received training in person-centred planning and we saw that care was person-centred. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

## Is the service responsive?

### Our findings

People received individualised support that met their needs. People told us they were involved in all aspects of their care and support and that staff worked with them to determine the support they needed. One person told us, "The service meets my needs and would definitely recommend to anyone."

People's needs had been assessed and information from these assessments had been used to plan the support they received. The registered manager told us they carried out an initial assessment of a person's support needs to ascertain if they had the capacity to meet their needs. Where the service was unable to meet a person's needs they would communicate this to the person and if appropriate they would put the admission on hold while they sought to employ suitable staff to meet the person's needs.

Staff were matched with a person and where appropriate would meet the person before care started to discuss how the service might help provide appropriate support. People told us the service did not start until they were happy it would meet their needs appropriately and safely. One person told us, "Staff look after me well. I have the same carer attending to me and I feel same with them."

People and their relatives were asked for their views and opinions during the completion of a satisfaction survey at the end of their engagement with the service. The findings from the satisfaction surveys were reviewed and used to implement changes within the service to improve the support provided to others. In response to this feedback the service worked with the hospital and occupational therapy team to ensure better information was provided to people and their relatives explaining the role of the service.

Where people had activities outside of their homes such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences.

A process was in place to record and respond to complaints. People told us they knew how to make a complaint and that staff responded positively to any complaints or concerns raised. They told us they were encouraged to raise any concerns they had so that staff could address them. All complaints were reviewed by a member of the management team to ensure the complaint was investigated appropriately and action was taken to address the concerns. The provider told us about the improvements they had made following complaints they had received, such as reviewing the shift pattern and the individual's decision making agreement. This showed us that people's concerns were listened to, acted upon and improvements to their care and support made.

## Is the service well-led?

### Our findings

People told us they thought the service was well managed. One person said, "I am satisfied with the level of care." Another person told us they have never needed to complain.

The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us they were encouraged to consider ways they could provide people with better standards of care and support. One staff member told us, "The registered manager listens to us and our suggestions are taken on board." Staff said they were able to raise issues and make suggestions about the way the service was provided in one to one meetings, debriefing sessions or team meetings and these were taken seriously and discussed. Several staff members spoke about the management being approachable.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager visited people to check that the service was meeting their needs. We found that through these visits actions were sometimes needed. For example, after a concern was raised about staff practice, immediate spot checks were put in place to monitor how the staff member worked. The provider took the necessary actions and followed this up with the person to ensure that the service had responded satisfactory to their needs.

Systems were in place to assess and monitor the quality of the service. These included a comprehensive audit programme to check the safety of the building, equipment, medicines management, care records, health and safety and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service. For example, in a recent audit that was completed by a local authority quality monitoring team, the provider had attained a score of more than 80% in all key areas of care.

The same quality report also identified areas that required improvement. These included supervision and appraisal, implementing induction in line with the care certificate for future employees and establishing mental capacity as part of the care planning and assessment procedure. At this inspection we saw that the service had taken to address this; the care certificate was in place, regular supervision were taking place and appraisals had been scheduled for staff. This showed us that quality assurance systems were used to drive continuous improvement.

We saw records were kept of safeguarding concerns, complaints and accidents and incidents. These were monitored by the registered manager and the provider to identify any trends or patterns. The staff told us they discussed any incident and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations.

People and their families were asked for their views about their care and support and they were acted on. For example, regular care reviews were held and review records detailed people's feedback on the service they were provided with and suggestions to improve the service and raise any concerns or complaints. The

provider's annual review included the views of people and families using the service. A satisfaction survey had been carried out in January 2015 and the provider had received positive feedback. This showed us that the provider valued the views of people.