

Marrissa Care Ltd

Marrissa Care LTD

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Marrissa Care Ltd is a domiciliary care service that provides personal care and support for two people in their own homes. They also support people who are at the end of their lives on a short-term basis. The service can provide care for adults of all ages and covered Lincoln and surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider was exceptionally kind and caring and often went far beyond expectations to promote people's health and wellbeing. Staff were fully committed to promote people's dignity, privacy and independence using innovative and creative ways to overcome obstacles and achieve positive outcomes for people.

The provider had a promoted a positive person-centred culture, with a high visible presence within the service. Encouraging staff and people to express their views to improve the quality of the service. Then using this feedback to drive improvement.

The provider and staff demonstrated compassion and empathy for people to ensure a comfortable and dignified death. Staff also supported families during end of life care with respect and understanding.

Staff understood people's individual care needs and preferences and used this knowledge to provide them with person centred, responsive support. Staffing resources were managed effectively to meet people's needs.

Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. Staff worked together with families in a supportive way and communicated effectively within the service and with a range of external organisations.

Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

There were comprehensive recruitment processes in place to make sure experienced staff were employed to support people effectively in their own homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 25 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service employed a manager who was also the registered provider and who was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including the provider and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. A relative told us, "Yes 100% feel safe, I can go to bed knowing [name of person] is safe, they [staff] are really on the ball." Another relative told us, "I no longer feel I have to be there with [name of relative], they [staff] know and understand her needs so well."
- Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people. One staff member told us, "We are encouraged to get in touch if we have any concerns."
- Systems and processes were in place to keep people safe. Safeguarding issues were identified and reported in line with the providers legal responsibility.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider and staff understood their responsibility to manage and review risk for people who use the service. Risks to people's safety were identified and assessed, with measures in place to mitigate the risks and ensure people's needs were met.
- Where people experienced seizures there was information or guidance in place to enable to staff to support the person safely. One person required support for seizures, there was a protocol to guide staff on how they should support the person and what medical intervention was required.
- A staff member told us, "I assess the risks for each person every time I visit, deterioration can happen quickly. I then report to the manager so additional care can be put in place to meet the person's needs."
- There was an effective system in place to document accidents and incidents. Evidence showed how the information was used to learn from events to prevent reoccurrence. For example, staff now use a check in and check out system for all visits, this will alert the provider if a staff member has attended an allocated visit immediately.

Staffing and recruitment

- People told us enough staff were employed to provide consistent and reliable care. One person told us, "There is not many changes with staff and the manager always informs us who's coming if there is a change."
- Records showed the provider had a comprehensive recruitment process in place. This ensured all the necessary checks had been carried out to ensure that the staff employed were suitable to work in the service. The provider told us she would only employ new staff if they had at least one-years' experience. This was to support effectiveness of the service and quality of the care delivered.

Using medicines safely

- People received their prescribed medicines safely and in their preferred way. As required medicines had protocols in place to provide staff with guidance on how and when to administer these medicines.
- Staff were appropriately trained to administer medicines safely. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.

Preventing and controlling infection

- The provider had a system in place to ensure staff received COVID-19 testing and vaccinations. The majority of staff had consistently provided weekly test results. However, some gaps were present in the testing matrix. The provider had identified this and was taking action to resolve it.
- Staff had received training on how to prevent and control the spread of infection. One staff member told us, "[Name of manager] made sure we all had everything [PPE] that we needed, she delivered it to our home."
- The provider had an infection prevention and control policy, alongside a communication system in place to support staff with up to date best practice guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's individual needs. People, their relatives and staff were involved during the assessment process and the information was used to develop care plans and risk assessments.
- Marrassa Care also supported and received referrals from the palliative team on an ad hoc basis ranging from one night to several. The provider would assess whether they could support the person and meet their needs before agreeing to the referral. The manager told us, "I would always make sure we could actually support the person first. I have the right staff, skills and capacity, if not I say no because I would be letting that person down."
- The provider accessed a variety of information from professional sources, this ensured staff at all levels were aware of any changes to government guidelines and legislative requirements. Staff told us, "We receive regular emails and messages from [name of manager], she always keeps us up to date. I have had three this week."

Staff support: induction, training, skills and experience

- People and relatives told us staff had the right skills and knowledge to meet the needs of people. For example, one relative told us, "All staff appear to know what they are doing, they know her care needs well."
- The provider monitored staff learning and development to make sure they completed or refreshed their training when required. We had a positive response from staff regarding training. One staff member told us, "The training is good; we receive a link to complete it." Another staff member told us, "I'm supported with my training and if I need any additional support [name of provider] sorts this out."
- Staff told us that they felt well supervised and supported by the provider. One member of staff told us, "The provider is so supportive, if I have anything to say I can raise it and feel supported."

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

- The provider predominantly provided care during the night therefore staff rarely prepared food. However, staff demonstrated knowledge and understanding of people nutritional and hydrational needs.

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

- The provider and staff had established links and worked effectively with healthcare professionals to ensure effective care and support was in place.
- As the provider worked with the palliative team, comprehensive protocols were in place if additional support were required through the night. These protocols informed staff when and who to contact to ensure the person's needs could be met and so they remained comfortable.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and were satisfied that staff understood the importance of seeking consent before providing care or support. Procedures were in place to support staff in making formal decisions in people's best interests, should this ever be necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- Everyone we spoke to couldn't speak highly enough about the provider and staff being exceptionally caring, kind and compassionate towards them. For example, one relative told us, "The staff have such a caring nature, it makes a big difference. The regular carer has such a bond with [name of person], I can now sleep at night knowing he is well looked after." Another relative told us, "I want to say thank you to Marrissa care, they have been really really good for my [name of relative]."
- The provider worked as part of the staff team and regularly delivered care. One relative told us, "If for any reason a staff member was running late, the manager steps in straightaway, to make sure my mum gets the level of care she needs." The consistent approach to deliver an exceptional service and individualised care was further demonstrated by staff and reflected in their practice. For example, one staff member told us, "No matter what, my focus is the person, that's my motto, I'm there for them."
- We identified other examples of the provider's exceptionally caring approach, which often went far beyond expectations. For instance, one relative told us, "When it was [name of person] birthday, [name of provider] bought him a gift. At Christmas [name of provider] turned up with a gift for me. She didn't have to do that; it makes such a difference."
- Time was taken to get to know the person and their history. Not only was this written in detail in their care plans, this information was then used to have meaningful engagement with the person. For example, one person's care plan spoke about them serving in the RAF. Staff were able to use the information to deliver personalised care and support. One staff member told us, "I familiarise myself with the person to make sure they feel relaxed and secure with me being there."
- The provider was committed to maintaining positive relationships between the person and the service. For example, staff called the person or their relative before every visit takes place, to reassure them which staff member is attending and update on any changes to the persons health. One staff member told us, "I make a call about 9pm before I leave, let them know it's me, and ask how the person is, they always seem reassured by the call."
- The provider tried to ensure people were supported consistently by the same small team of staff where possible. One relative told us, "I have a regular carer for [name of person], he is brilliant, does lots of extra things round the house." Another relative told us, "We have four regular carers, [name of person] recognises them. The staff have taken the time to get to know [name of person] for which I'm very grateful."

Supporting people to express their views and be involved in making decisions about their care

- The provider and staff promoted people's right to make choices in all aspects of their lives and responded to individual wishes and preferences in thoughtful and creative ways to achieve this. For example, one

person who lacked capacity due to their medical condition, had care plans detailing to staff specific phrases and topics of conversation. The provider told us, "This approach reduced the occasions of agitation, but we always support when he is ready not before."

- Staff demonstrated how they supported people with their individual wishes and preferences to benefit their emotional well-being. For example, one person was supported to smoke as they got enjoyment out of this, but due to their physical condition needed support to remain safe. Their relative told us, "Staff support [name of person] to have this but also keep her safe, if it's the one thing she wants and enjoys, the staff make this happen."
- The provider also tried to ensure the right staff were matched with the person. This not only included skills to meet the person's assessed needs, also personality, attitudes and behaviours. One relative told us, "[Name of provider] will ring me up and say I have a new staff member I feel will get on with [name of relative], she knows if we are not happy we will say no, we are always given the option."
- One person had a reviewed planned with stakeholders and their family were worried night support would be removed. To ensure continuity of care, the provider contacted the review team to be part of the meeting and detail care needs throughout the night. The relative told us, "[Name of provider] made it her business to be involved in the review meeting." This approach achieved a positive outcome for the person and night support remained in place.
- The manager promoted advocacy services and supported people to contact an advocate when necessary, information was provided to all people supported at Marrison care Ltd. Advocacy services are independent to the provider and local authority. They can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Everyone we spoke to continued to tell us how staff went above and beyond for their relatives, showing the upmost respect at all times. Staff had all received equality and diversity training and were committed to supporting people in ways that respected their dignity and promoted their independence. For example, one relative said, "The staff knows [name of person] like privacy in the bathroom, they respect this, and step away, but still make sure they are keeping him safe."
- The provider demonstrated her commitment to an empathic and supportive service for people at the end of their lives. She told us, "We have a holistic approach to supporting the whole family. It's evident that the family need the care as well. It's about being there for them, reading the situation as it unfolds and responding."
- The provider and staff further demonstrated how supporting people in non-discriminatory ways was embedded into the positive culture of the service. For example, care plans detailed people preferences in relation to cultural needs and how staff can support this. Staff also told us, "Everyone is different, I get to know the person as an individual."
- Staff told us how they supported people to maintain their independence for as long as possible. For example, staff had identified a person was having difficulty mobilising due to the environment. The staff member told us, "I reported this, we got an occupational therapist to visit the person for an assessment, who agreed adapted equipment was needed. This is now being put into place for the person."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely, and computers were password protected. Due to multi agency working, passwords were supplied to healthcare professionals involved in people's care to access electronic records, which ensure continuity of care.
- The manager and staff used an encrypted messaging app to communicate with each other, provide updates and guidance. This had also been set up for people and their relatives with the staff who support, to ensure any specific updates or changes could be communicated immediately to ensure a consistent approach to care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The provider worked closely with the palliative team to provide support on an ad hoc basis for people at the end of their lives. When we spoke with staff, they demonstrated their philosophy of how they care for people with sensitivity and compassion. One staff member told us, "Palliative care is extremely rewarding. Such an important part of people's lives. We are trained to look after the family and the person, there is a lot of vulnerability at that period of time."
- Further examples of compassion and empathy for the people they support, and relatives were demonstrated. The provider told us about a person who had recently passed away. The staff member arrived for their night shift and the person had sadly passed away. The relative had no other family, so the staff member stayed with the relative into the early hours to ensure they were comforted and consoled and only left when they felt the relative was settled and ok. The provider told us, "This was the last thing we could do for [name of person], to ensure their loved one was ok."
- Staff showed throughout the inspection their motivation to support people with end of life care with the upmost respect and dignity. One staff member told us, "I supported [name of person], during his last days, I got to know him and his family really well. [Name of person] made me promise to go to his funeral, and I will keep that promise."
- When people required specialist medical support during their end of life care, they were supported by caring, compassionate and trained staff. There were robust protocols to guide staff on how they should support the person and what medical intervention and partner agency support was required. This ensured a timely response and a comfortable, pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records showed the provider had assessed people's communication needs and how to meet these needs in their care plan. People's care plans clearly set out what was their preferred communication method and the level of support needed. For example, one person's care plan described how they had limited ability to communicate their needs. The staff had clear guidance of how to support the person and ensure their needs were met.
- The provider had developed accessible information documents to aid a person's understanding of COVID-19. For example, picture references had been used to explain why staff were wearing PPE and what COVID-19 was.
- Further example of the providers innovative approach to communication were demonstrated. One

person's care plan showed staff positioned themselves according to the care plan to ensure meaningful communication and engagement could take place with the person.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were highly satisfied with the care they received. Compliments received by the provider also showed people were happy with their care. For example, one person wrote, "[Name of staff] went above and beyond their basic duties of care, they showed unconditional love and empathy for both my father and myself." Another relative wrote, "The care from the three staff was superb, [name of person] was made to feel at ease and very comfortable. They [staff] were polite, professional and very caring to all of his needs. Outstanding care."
- Information on how to raise a concern or complaint was included in service user guides given to people when they begin to use the service. The provider had only received one formal complaint since the service was registered and this had been handled in accordance with the provider's policy.
- The provider used the opportunity to learn from the complaint and drive improvement within the service. Documents showed the investigation was thorough and the provider was open and honest with the person. Action had been taken to prevent any reoccurrence.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's personalised care plans gave an account of 'routines and preferences'. This was developed with the provider and the person or their relative to maintain routines that were important to the person. For example, one person was supported by staff who wore specific clothing for familiarity. The family also support this approach by wearing the same set of clothes themselves each day.
- Records also showed people's individual needs and wishes were detailed in a person-centred way in their care plans. For example, one person's plan stated, "[name of person] likes their privacy, so has a bell which they will ring during the night for staff to attend the room." The provider reviewed each person's care plan regularly or whenever there was a change in a person's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us how highly they thought of the service and they felt it was well managed. For example, one relative told us, "I'm very very happy, I haven't found fault." Another relative told us, "It's very well organised, it fulfils all her needs."
- The provider demonstrated an open and empowering approach in the way the service was managed. The provider told us, "I am happy to grow slowly and continue to support the staff, I want to get it right now so we can grow properly. Keep staff well supported and people happy, I want to provide a good service."
- This approach resonated with the ethos of the staff, one staff member told us, "I want to be part of a change, I want to improve, and Marrassa Care is part of this, it is one of the best [care provider]."
- Further adding to the caring, open approach and positive culture demonstrated by the provider, staff told us they were happy to work for the provider and enjoyed their job. For example, one staff member told us, "It is a fantastic place to work." Another staff member told us, "It's a good company, it puts people first, it is definitely one of the best, it's the way its run."
- People demonstrated their satisfaction with the service via compliments. For example, one relative wrote, "You were a rock in a time of need, we will be eternally grateful for the genuine compassion you showed, we are really pleased with the service you provide."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider described her approach to running the service, she told us, "I want to keep the finger on the pulse and set the right foundation for my service by being open and honest."
- The provider had in place a system to obtain views and feedback from people and their relatives. Response and information received from the surveys were used to improve the service. Additionally, records showed the provider had in place monthly management meetings where staff had the opportunity to discuss the service, share progress and update on relevant guidance.
- Records showed the provider had a system in place to monitor and record, accidents and incidents in the service. Records showed details of events that had occurred, and the action taken to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The provider was involved in all aspects of the running of the service and maintained regular contact with

people and their families. For example, one relative told us, "[Name of provider] knows us very well, she has been out to see us and meet the family, she wants to be involved and takes an active role." A staff member also spoke about the provider's hands on approach and availability. They said, "We question when she [provider] sleeps, she always answers the phone or gets back to us almost immediately, she is very responsive."

- Records showed there were a wide range of effective audits in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues. The provider understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service.
- The provider demonstrated their drive for ongoing improvement of the service. Links had been formed with professional networks, this had given the provider access to additional training resources and professional development. For example, the provider had attended a Dementia webinar to improve skills and knowledge. Additionally, the provider had arranged for the family of a person they supported to attend, to support their understanding and knowledge.
- The provider had established good working partnerships with a wide range of healthcare professionals, to encourage positive outcomes for people. These included GP's, for example when issues arose for a person with their catheter, the provider proactively dealt with issues and arranged support and out of hours contact. the relative told us, "she [provider] helped with this and other stuff, even though she doesn't need to."