Marygold Care UK Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Marygold Care UK is a domiciliary care agency that is registered to provide personal care to adults living in their own homes. At the time of this inspection 40 older people were supported by the agency.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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.

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 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 were involved in making decisions about their care and support and their consent was sought and documented. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs.

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

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

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.

Further information is in the detailed findings below.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-led.	**Good**

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 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 announced inspection took place on 14 February 2017. The provider was given 48 hours' notice because the location provides care to people in their own homes and we needed to be sure that a senior member of staff would be at the registered office. The inspection was carried out by a single inspector.

Prior to the inspection the provider completed and returned to us their 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 previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During the course of the inspection we spoke with two relatives of people who used the service by telephone, along with five people using the service. We also spoke with, the registered manager, assistant care manager, field supervisor and five care workers. We examined various records, including records of five people who used the service, such as risk assessments, and care plans. We looked at seven staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and with the care staff providing their care. One person told us, "I am pleased with the care provided to me". Another said, "I am very happy with the staff that attend to my care"

Care workers told us and we saw records that evidenced they had received training in safeguarding adults from abuse. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. We saw evidence the service had effectively dealt with safeguarding concerns about people's safety. Referrals were made immediately to the relevant local authority safeguarding team and the Care Quality Commission.

People's individual risk assessments had been completed and updated. All risk assessments had been updated as needed to ensure they were relevant to the individual.

New employees were checked before being allowed to commence work to ensure they did not pose a risk to people who used the service. The recruitment checks included proof of identity, two references, and employment history. The files also contained a Disclosure and Barring Service (DBS) check.

People told us, there were enough staff to support them to attend appointments and shopping trips. They told us that care workers turned up for work on time. One person said, "Staff attend to me promptly and my needs are met." The registered manager ensured that sufficient staffing hours were available to meet the hours of support that they were contracted to provide. Staffing levels were assessed according to the individual needs and dependency levels of people. Where people's needs changed we saw from rotas that additional staff were rostered. There were enough staff employed to cover the rota each week.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. We saw from the training records that staff administering medicines had been trained to do so. Medicines records were fully completed which confirmed that people received their medicines at the right time, in the correct dosage. This was confirmed by people we spoke with. One person told us, "I take my own tablets but at times staff can assist me."

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff told us they had sufficient supply of personal protective equipment.

Good

Is the service effective?

Our findings

People told us that they received effective care and support. One person told us, "Staff support me with my daily needs." Another person said, "My care is provided by staff who have adequate training."

People were supported by staff who had the right skills and knowledge. Care workers were knowledgeable about people's individual needs and preferences and how to meet these. Staff had received training in core areas such as moving and handling, health and safety, food hygiene, fire safety, dementia and infection control. Refresher training had been booked to help staff to keep their skills up to date.

There were systems in place to assess the competence of employees before they worked unsupervised in a role. For example, newly appointed staff received induction linked to the Care Certificate award. New care workers were required to shadow more experienced staff before they could work independently.

Staff had been provided with regular supervisions. Staff confirmed supervisions were provided regularly and they could speak with their managers at any time. Individual staff performance was reviewed during an annual appraisal.

The service had policies on consent, and the Mental Capacity Act 2005 (MCA) to ensure care workers were provided with relevant information to uphold people's rights. Where people lacked capacity, or had been assessed as not having the capacity to make a specific decision, the provider had involved a best interest assessor to help in decision making. Care workers gave examples of how a person's best interests were taken into account if they lacked capacity to make a decision.

People received the support they needed in relation to nutrition and hydration. We saw from records that information regarding people's nutritional needs had been supplied by the referring local authority.

People had access to health care services and received on-going health care support to maintain good health. The service worked with the responsible local authorities to ensure people were supported to see a range of health and social care professionals when they needed to. The registered manger told us the service had supported people to access more specialist services, such as speech and language therapy and dieticians when requested to do so by responsible local authorities.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care workers who were providing care. One person told us, "Staff are attentive to my needs always" Another said, "Staff looking after me are caring and they respect me."

The service provided people with regular carers so care workers could get to know people's needs and develop positive caring relationships. The registered manager told us every person receiving care had at least three carers; a main care worker, and two shadow care workers that were known to the person. When the main care worker was unable to work the service arranged to send a shadow care worker, who had worked with the person before.

People were involved in decision making about their care and treatment. We saw from speaking with staff and viewing people's records that people received care and support based on their individual needs. The care plans were developed through discussion with people and where necessary, their family members. Care plans contained information about people's preferences and identified how they would like their care and support to be delivered.

The service viewed privacy and dignity as rights issues. The provider's privacy and dignity policy stated, "Marygold Care believes that every service user has the right to live their life with privacy, dignity, independence and choice." People told us care workers respected their privacy. Staff described the circumstances they needed to be attentive to ensure they protected people's dignity. This included, making sure people were covered as much as possible when attending to their personal care, and knocking on people's doors before they could enter their homes.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. One person told us, "My needs are addressed always." Another person said, "Staff check with me; if I need anything else and arrangements are a made to address my needs."

People's support needs were assessed prior to receiving support from the service. Care plans were then developed from the initial assessment. The care plans covered all aspects of the person's needs, their support network, likes, dislikes, and usual routines. Care plans had instructions for staff on how each person wanted their care to be delivered. For example, care plans detailed very clearly people's routine for the day, including information for their specific needs and areas they required help and support with.

We saw evidence care files were regularly reviewed to make sure they remained up to date and reflected changes. All care plans were signed by the person receiving care or their representatives, indicating their involvement.

Staff understood the needs of people they supported. Staff were expected to read people's care plans before they proceeded with care. They had access to an up to date copy of care plans in people's homes so they could refer to them as necessary.

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that were able to speak their first language and by supporting people to access local amenities that supported particular ethnic and cultural groups. For example, the registered manager told us, "If a 'service user' needed a Gujarati speaking person, we make sure a Gujarati speaking care worker is deployed."

The service had a complaints procedure in place which included timescales for responding to complaints. The procedure was given to people when they first began to use the service. However, the policy was not in pictorial format or translated to aid people's understanding. About 50% of people receiving care spoke Gujarati. The registered manager told us she was going to have the policy translated into Gujarati. People we spoke with told us they were aware of the complaints procedure or who to contact in the office if they wanted to complain.

Good

Is the service well-led?

Our findings

People who used the service and their relatives considered the service to be well-led. One person told us, "The manager is always in touch and I know how to contact them if I need to" A relative of another person told us, "I know how to get in touch with the managers and they are approachable".

People knew who the registered manager was and found her to be helpful. 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.

We found the registered manager to be knowledgeable about people's needs. She could give us an overview about the support each person was receiving. She knew about important operational aspects of the service, including which members of staff were due to be on duty. This showed the registered manager could effectively manage the service so that people reliably received the support they needed.

There was an open and inclusive approach to running the service. Care workers said that they were well supported by the registered manager. The service held regular monthly staff meetings to enable staff to share ideas and discuss good practice when working with people.

There were suitable arrangements to enable the service to monitor and evaluate the quality of the service. The service carried out monthly unannounced visits to check if people were receiving good care. Quarterly telephone calls were also carried out to check if people were satisfied with the service.

Care workers had received regular supervision from field supervisors and managers. Staff also received 'spot checks' visits. During these visits, staff were observed providing care to people and assessed in areas such as how they spoke with people, punctuality, dress code, and how they observed infection control procedures. Where there were concerns about the performance of care workers this had been addressed using the provider's policies, which included supervision and the disciplinary process.

We saw that where the need for improvement had been highlighted that action had been taken to improve systems. For example, the local authority had carried out a monitoring visit in December 2016. During this visit they identified minor areas for improvement. When we carried out our inspection we saw that improvements had been made. This demonstrated the provider had processes in place to monitor and promote continuous improvement in the quality of care provided.