

Marego Limited

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Inspection report

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Date of inspection visit:
26 October 2023
01 November 2023

Date of publication:
29 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Marego Ltd is a domiciliary care agency providing personal care to children, younger adults and older people living in their own homes. At the time of our inspection there were 12 people using the service.

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

Right Support

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.

People and those important to them were involved in planning their care. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling everyday life.

Staff supported people to take their prescribed medicines and to access healthcare services where this was part of their care packages.

Recruitment of staff was safe and robust. We saw that pre-employment checks had been completed before staff could commence work.

Right Care

People received care from staff who were kind and compassionate. Staff protected and respected people's privacy and dignity.

People were supported by staff who had clear understanding of safeguarding and abuse. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Risk assessments were in place which guided staff in caring for people in a safe way.

Right Culture

The registered manager and staff were open and transparent throughout our inspection and demonstrated their commitment to providing good quality care.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

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

Rating at last inspection

The last rating for this service was good (published 14 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Marego Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and 1 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made calls to people using the service and their relatives to ask their views on the service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 26 October 2023 and ended on 08 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 8 relatives to gain their views about the service. We spoke with 3 care staff and an assistant manager and the registered manager. We reviewed a range of records. This included 3 people's care plans, risk assessments and medicine records. We looked at 3 staff files in relation to recruitment and training. We also looked at records relating to the management of the service such as audits, surveys and a variety of policies and procedures.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from abuse, neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.
- Relatives told us they felt staff provided safe care to their children. They said, "I can go out and I have peace of mind now."
- Staff were aware of the process to report any concerns they had to the registered manager, to the local authority safeguarding teams and CQC if they needed to. Staff told us they were confident that the registered manager would action any concerns they had around people's safety.
- Staff confirmed that they had received training in safeguarding adults and children from abuse.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- There was a positive approach to risk taking, with an emphasis on safely promoting people's well-being and independence. Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A relative said, "There are 3 carers in a day and 1 at night. Never been short staffed or had someone not turn up." One staff member told us, "There is enough staff available to support people. We have sufficient time allocated to travel to people's house."
- Staff were safely recruited. The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. Pre-employment checks included references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed by trained staff.

- Staff were trained, and their practice monitored to ensure it was safe. Competency assessments took place to help make sure that their medicine administration practice was safe. Regular spot checks took place which included medicine's observation.
- Medicines administration records (MARs) were kept in people's homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. Relatives confirmed this.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- The registered manager and staff team were committed to driving improvement and learning from accidents and incidents and feedback given.
- Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager assessed potential new referrals to ensure people's care needs could be met by the service. A comprehensive needs assessment was completed so that the service could confirm that they had the appropriate staff available to meet the person's needs. Information gathered on assessment included the person's specific needs, their likes, dislikes and preferences.
- Assessments also included guidance received from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation.
- Relatives told us, "The manager came here, spoke to us and assessed [person]. We talked about her needs. It took a couple of hours" and "The manager came with three different carers. They assessed what [person] could do and what equipment [person] would need."

Staff support: induction, training, skills and experience

- Staff were required to attend training on all mandatory subjects in line with the Care Certificate before they were registered to work with the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff attended additional training where people had specific needs. For example, epilepsy awareness.
- Staff also received regular supervision and appraisal. This meant that staff had the opportunity to discuss their learning and development needs and their performance.

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

- People were appropriately supported with their nutritional and hydration needs where this was an identified need.
- Likes and dislikes, cultural requirements as well as any specialist dietary requirements were clearly documented within the person's care plan.

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

- The service worked effectively with a variety of healthcare professionals to ensure that people were supported to maintain positive health and well-being.
- Staff recorded on a daily basis how people had been supported, tasks undertaken and any relevant observations.
- We saw records confirming communication and partnership working with healthcare professionals.

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 MCA 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.

- Care records and discussions with staff demonstrated and evidenced that people's rights to make their own decisions were respected.
- Staff members we spoke with demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent and ensuring people were given choice and the autonomy to make their own decisions where possible.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. The registered manager told us, "It's all about people we support. We value our staff and ensure they are well supported."
- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- People and relatives spoke well of the service provided to them and this helped people achieve the best outcomes. A relative said, "They're compassionate and professional. They cover all the guidelines and keep within the boundaries."

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

- The registered manager understood and acted on the duty of candour.
- Where needed other organisations such as CQC and the local authority had been informed about incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff understood their roles and responsibilities.
- Staff confirmed the registered manager and senior staff were available at all times to guide them and support them especially in emergent situations. They said they received good support. A staff member told us, "The manager is very supportive and always available if advice needed."
- Audits were carried out and actions were identified to drive improvement within the service.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were fully involved in the service they received and their views about the service

were actively sought.

- There were regular staff meetings. Records showed these covered all aspects of the service and staff had an opportunity to raise issues or make suggestions.
- People's protected characteristics were considered and addressed. Staff told us, "We respect people's choice and any cultural observations they may have."

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and honest with the inspection team and took immediate action when minor issues were highlighted during the inspection.
- The registered manager used the quality assurance arrangements in place to identify areas for improvement.
- Good practice guidance was shared with the staff team to ensure continuous improvement and achieve good outcome for people using the service.
- Staff were encouraged to undertake training to increase their knowledge and understanding. A staff told us, "Training is always available and the manager is very strict on this."
- The service worked in partnership with other organisations to provide appropriate support to people. Feedback we saw about the care and support provided from other organisations and professionals was positive.