

Nissi Home Care Limited

Nissi Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nissi Home Care is a domiciliary care service that provides care and support to a wide range of people with varied needs, including older people, younger adults, people with dementia and people with a physical disability. The service also provides end of life care and support to a number of people. At the time of our visit 37 people living in several parts of London were 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

Whilst people and their relatives told us staff were kind, caring and competent, the service did not complete all the required recruitment checks appropriately before staff were employed.

Staff had the right training and were competent to administer people's medicines as prescribed. The service identified risks associated with people's care and health needs and provided guidance for staff to reduce those risks. People felt safe and were protected from abuse. Staff were aware of their responsibilities to raise concerns if they felt a person was being abused. The service understood the importance of infection prevention and control and had measures in place to keep people safe.

The service had systems in place to monitor and improve the quality of service. However, existing audits had not identified the concerns we found during this inspection. The registered manager reacted promptly and started making improvements.

There was a positive and inclusive culture at the service where people and their relatives felt valued and respected. People and their relatives were able to express their views which staff acknowledged. Staff felt supported in their roles and provided care that was tailored to meet people's individual needs. The service worked in partnership with other organisations to support people and their relatives in their best interests.

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 25 October 2018).

Why we inspected

We undertook this focused inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nissi Home Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe recruitment of staff.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nissi Home Care

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and two Experts by Experience who spoke with people and relatives by telephone for feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 information gathered as part of monitoring activity that took place on 15 March 2022 to help plan the inspection and inform our

judgements. 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

We spoke with four people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and support workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, management audits, complaints, staff rotas and meeting minutes, were reviewed.



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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service carried out pre-employment checks to ensure the right staff were recruited. These included identity checks, good character assessments and 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.
- However, out of the six recruitment files we looked at, we found most of the staff references to be unreliable. Recruitment files contained references from organisations which were not listed on the staff's application forms. References for two members of staff stated that they were previously employed as 'delivery persons' which did not correspond to their employment record as documented on their CV or application forms. All of the references were standard references and written in a similar format. Some references were also out of date, i.e. the dates on which they were provided to the service did not correspond to the start dates of the relevant staff members.
- The service did not always ensure staff provided a full employment history at the time of their recruitment. Where staff's employment histories had been recorded, we found several files with employment gaps which had not been explored with the staff member.

We found no evidence that staff were unfit to work with vulnerable people. However, the failure to complete the appropriate safe recruitment checks meant the service was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received care and support from a consistent team of staff. A family member told us, "It's usually the same people [staff]. They are well trained."
- People and their relatives were not concerned with staff being late. One relative told us, "The timekeeping has been great, they fit all around our appointments. They've never not turned up. There is always bound to be some lateness at times, that is inevitable but it's nothing too concerning at all."

Using medicines safely

- People who required support with their medicines received their medicines as prescribed.
- Most of people's medicines were provided by their pharmacies in dosette boxes for safe dispensing. A dosette box is a plastic box with small compartments that clearly show which pills need to be taken at what time of the day. A relative told us, "[Person] has routine medication that she gets when she should."
- Staff were trained and assessed as competent before they were able to administer medicines.
- One person received their medicines covertly, i.e. staff disguised their medicines in food or drink for administration without the person's knowledge. Appropriate guidance was in place to demonstrate this

practice was carried out lawfully and in the person's best interest.

- However, there were inconsistencies with how information on people's medicines were recorded in their care plans. For example, people's medicines were either managed by their relatives, other health professionals or staff. In some cases, relatives and staff shared the responsibility of managing people's medicines. But some care plans did not always contain clear instructions about staff's responsibilities where they provided support to people with their medicines.
- We discussed this with the registered manager who explained and showed us how medicines' instructions were presented electronically as tasks on staff's devices. They told us where people had more complex medication needs, their medicines were managed by district nurses. They also told us they would ensure people's care plans were updated to include clearer information and instructions on people's medicines.

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

- People's personal risks were assessed and reviewed regularly.
- We saw risk assessments around people's diabetes, catheter care, eating and drinking, mobility and challenging behaviour. However, some risk assessments did not contain enough details to provide staff with a clear understanding on how to minimise known risks. We discussed this with the registered manager who immediately started to address these issues and showed us examples of updated and comprehensive risk assessments following our inspection visit.
- Staff knew people's needs and had built good rapport with them. One person told us, "He [staff] understands a lot about what I'm going through." Comments from relatives included, "I think they [staff] do keep an eye on pressure sores", "I've seen the carer watch him [person] as he goes up the stairs" and "She [staff] knows exactly what to."
- Processes were in place to promote learning which fully involved the staff team.
- Accidents and incidents were recorded and responded to in a timely manner. Lessons learnt were communicated to staff in team meetings to improve the service.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse.
- People and their relatives felt comfortable and safe with the service they received. A relative told us, "[Person] is okay. We're really lucky. It's been really consistent care and we've always felt he is safe in their care."
- Staff received training in safeguarding and knew how to identify abuse and escalate concerns. If they were to witness or suspect any form of abuse, a member of staff told us they would, "Look at what the abuse is, report to my manager straightaway. Seek advice, if high risk, call the police or local authority."

Preventing and controlling infection

- The service had measures in place to protect people, their relatives and staff from catching and spreading infections. Infection prevention and control policies were up to date.
- Staff had access to Personal Protective Equipment (PPE) and COVID-19 test kits. A relative told us, "They wear apron, gloves and masks, I can see them wearing them on the monitor too." A staff member told us, "Anytime I'm short [of PPE] the manager will send someone to bring it to where I'm working."
- The registered manager told us, during the pandemic, they provided staff with vitamin C tablets for their wellbeing and offered transport services to staff who worked with people who had tested positive with COVID-19.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and staff we spoke with demonstrated an understanding of their roles and responsibilities.
- There were systems in place such as management audits and spot checks to monitor and improve the quality of service. However, existing quality assurance systems had not identified the issues we found around recruitment and the lack of clear details around some people's medicine records and risk assessments.
- We discussed quality performance and the issues we identified with the registered manager who acknowledged their shortfalls. They told us they had increased their oversight on the service and had started making improvements to the quality of their records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team had created an open and fair environment where people felt they were treated with respect and dignity.
- People were treated as partners in their care and felt empowered. One person told us, "The lady [staff] I have, knows my religion, she is very respectful and goes to the same church as me." A relative said, "They [staff] are like family now."
- People and their relatives knew who the registered manager was and spoke positively of them. One person told us, "I am familiar with who is responsible." A relative said, "[Registered manager] has come here a few times and she seems very nice."

Continuous learning and improving care; Working in partnership with others; 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

- Systems were in place to review and share any learning with the staff team.
- The registered manager responded proactively during the inspection by listening and acting on the concerns identified.
- The service worked closely with other agencies and healthcare professionals including, palliative care teams, clinical commissioning groups and occupational therapists, to provide effective care to people.
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

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

- People and relatives were fully involved in the management and delivery of care.
- The registered manager sought feedback from people and their relatives and strived to meet their individual needs while solving any problems that may arise. The registered manager told us, "I'm very hands-on. All my clients will tell you they've met me in person. I go round to get feedback."
- People and relatives felt included. Comments from people included, "There was a misunderstanding, it was resolved straight away" and "They are very patient and listen." A relative told us, "Communication is good and they suggest ideas for me too."
- Staff felt supported by the registered manager and were able to speak up and raise concerns if they needed to. A staff member told us the registered manager was approachable and responsive and added, "She does listen and tries to take ideas good for the company."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: Recruitment checks did not provide enough assurance that the service did everything they were required to do to ensure staff were safely recruited.</p>