

NSF Health Ltd.

NSF Health

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

NSF Health is a domiciliary care agency providing personal and nursing care to people in their own homes. 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. At the time of our inspection, there were 56 people using the service.

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

Since our last inspection (at the previous registered location), the provider had implemented various monitoring systems and sought external advice to help them monitor the service and drive improvement. However further development of systems which monitored people's care call times and care records was needed to ensure people received their care as planned.

People's care plans described their care needs. Risks to people were assessed and guidance provided to staff in how to minimise these. Where needed, people's nutritional and hydration needs were met.

People's medicines were managed safely. Staff's infection control practices helped to prevent the spread of infection.

Staff showed good awareness of people's individual needs and risks, including those related to people's protected characteristics and communication needs.

People were safeguarded from the risk of abuse and harm. Any incidents of abuse, accidents complaints or errors were reported to the office. The registered manager kept oversight of any concerns, and where necessary reported incidents to relevant agencies and notified CQC. Lessons learnt from incidents were implemented to help prevent further occurrences.

People's care and support was delivered in a way which met their needs and preferences.

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.

Staff had been suitably recruited and trained to meet people's needs.

People said staff were caring. Their dignity and privacy were respected at all times and consent was sought by staff before they provided support.

At the time of the inspection, the location did not care or support anyone with a learning disability or an

autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 (at the previous registered location) was requires improvement.

Why we inspected

Since our last inspection the provider had moved their registered location and had registered their new location with us on 16 March 2023. This is the first inspection of the newly registered location. As part of this inspection we followed up on the provider's action plan, provided to us following the last inspection, to show what they would do and by when to improve.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

NSF Health

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 3 inspectors and an Expert 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.

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

This inspection was announced.

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 in the office to support the inspection.

Inspection activity started on 4 July 2023 and ended on 6 July 2023. We visited the location's office/service on 4 and 6 July 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 who commission the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to 5 people who used the service and received feedback from 4 people's relatives about their experience of the care provided. We also spoke with the registered manager (who is also the nominated individual), a director, a team leader, senior carer and 4 care staff.

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 of this service at its newly registered location. At our last inspection of this service (at the provider's previous registered location), we rated this key question Requires Improvement. At this inspection, this key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed up on this breach of regulation as part of this inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- Staff had received medicines training during their induction and received ongoing support and refresher training. The registered manager agreed to review staffs' medicines competency assessments to ensure they were personalised and reflective of their observations of staff practices in managing people's medicines.
- Staff recorded the administration of people's medicines on the provider's new electronic care management system. The system could alert office staff if medicines were not administered when they were due so action could be taken to protect people from medicine errors such as additional staff training.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- People told us they felt safe with staff who attended to their needs. People said comments such as "Yes, they [staff] don't do anything to make me feel unsafe"; "They [staff] are pleasant" and "Yes, they [staff] talk to me and see if I need help, they are very good."
- Staff were provided with training in safeguarding and supported to recognise signs of abuse and how to report any concerns.
- The registered manager was aware of their responsibility to report any concerns to the local authority and relevant safeguarding agencies, including notifying CQC.

Assessing risk, safety monitoring and management

- People's risks had been assessed and recorded. Staff were provided with information to help mitigate people's risks to ensure people remained safe.
- Training records showed staff had been trained in key areas of care. This meant staff knew how to prevent risks to people's health, such as those associated with pressure ulcers and diabetes.
- People's care records had recently been migrated to the new electronic care management system.

However, we found one person's risk management plans had not been fully migrated to the new system.

- To ensure staff had all necessary information to support people, until professional assessments were completed and recommendations were received, the provider had agreed to add risk assessments to the new system for any new emerging risks.
- Handover systems and daily notes were completed to help to share information with staff and reduce risk.

Staffing and recruitment

- There were enough staff to support people. Staff visit times were planned and communicated to staff.
- Staff were required to check in and out on the provider's electronic care management system and Electronic Call Monitoring system (ECM). ECM is managed and monitored by the local authority. The systems enabled the provider and local authority to monitor the accuracy of people's care calls and the whereabouts of staff at any given time.
- Staff were recruited and vetted in line with the provider's recruitment policy which was underpinned by relevant employment legislation and Right to Work in the UK requirements. The provider stated they were committed to checking the suitability of new staff before they delivered care to people.
- The provider carried out value-based interviews with potential new staff using the services core values and objectives.
- Staff's previous employment history was explored as part of the interview process. The registered manager agreed to improve the records of their discussions with new staff relating to gaps and discrepancies in their previous employment and the registered manager's decisions to employ staff if there was limited information about the applicant.

Preventing and controlling infection

- People were protected against the spread of infection.
- Training had been provided which enabled staff to maintain appropriate standards of hygiene which protected people from the risk of infection.
- Staff's infection control practices were checked through staff observations to ensure good infection control practices were being maintained.

Learning lessons when things go wrong

- The provider had systems in place for staff to raise and report any concerns and record accidents and incidents.
- All accidents and incidents reports were reviewed by the registered manager so lessons could be learned to help prevent a repeat occurrence. Any subsequent changes in care practices were communicated to staff.

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

- People's physical, and well-being needs were assessed. People received effective care based on current practices on supporting people to remain in their own homes.
- The service often provided care to people in an emergency such as after hospital discharge. The registered manager explained how they gathered information about people ahead of staff providing support to the person in their home. Information was collected from people, relatives and the referring health care professional. Key information was shared with staff to enable them to safely deliver care while the person's care plan was developed.
- People's care plans contained details of their background, any medical conditions, and information about their preferences. This meant staff had the information they needed to support people in line with their needs.

Staff support: induction, training, skills and experience

- Records showed that staff had been inducted and trained in their role to enable them to deliver safe and effective care. This was confirmed by staff.
- Staff completed a hybrid of classroom and e-Learning training and shadowed experienced colleagues during their probation period. The provider explained some senior staff had completed a train the trainer course to help progress the development and skills of staff. They said, "Training continues in the field with mentoring and supervision."
- Supervision meetings and spot checks of staff practices were completed quarterly or earlier if required.
- The provider had identified and addressed staff training requirements in developing intercultural skills to help overseas staff understand person-centred care in the UK.

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

- Not everyone required nutritional support during visits, however where required, care plans contained information on how to support people who needed help with eating and drinking including any allergies
- Staff were aware of any specific dietary needs such as a diabetic diet or cultural preferences.
- People's nutrition and hydration was monitored and reviewed to ensure people's nutritional needs continued to be met, and appropriate referrals were made to people's GPs when required.

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

- Staff worked with people, their relatives, and other relevant professionals to ensure people remained safe living at home. Staff understood their responsibility to report any changes in people's needs to the

management team or on call if working outside office hours so these could be addressed.

- People's care needs were regularly reviewed and also reviewed when there were changes in people's well-being or after hospital admissions, to ensure staff fully understood people's current support needs.

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.

- People's care was delivered in line with MCA and best practice guidance.

People's mental capacity had been assessed as part of their initial assessment. One person had been assessed as having variable mental capacity, however sufficient guidance was not in place to guide staff on how to support the person if their mental capacity fluctuated. This meant the person may not receive appropriate care.

- Staff had received specific training around the MCA and DoLS.

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and treated them with respect. When asked if staff were caring, one person said, "Yes, definitely they are very nice." One relative said, "They [staff] are so good with her. She did not want care and none of us can believe how much she likes them."
- People told us they were treated as individuals and consideration was always given to their preferences and choices. People said staff were mainly kind although some people said they found communicating with some overseas staff difficult and they sometimes had to explain their support needs, although people did not report that this had impacted on the care and support they received.
- The provider supported staff who had been recruited overseas to understand the importance of delivering person centred care and to treat people with dignity and respect was part of the culture and values of the service. Cultural awareness training had been delivered by the managers.

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

- People said they were able to express their views about the service they received.
- People and their relatives confirmed they were asked for their views, and they felt they were listened to. They told us when they had contacted the office to raise any concerns, they were happy with the response provided.
- Staff treated people with respect and kindness in order to build rapport and best support people. One relative told us how staff engaged with their family member and said, "Yes, definitely. She [person using the service] can get a bit stir crazy being at home and she likes to sing so they were all singing and clapping together."
- People's specific needs were discussed and reviewed as part of the initial assessment. This meant, whenever possible people were supported to be involved in decisions about their care and how this was provided. Regular feedback was sought from people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. Staff told us they encouraged people's independence to help retain their skills.
- Staff ensured people's privacy and dignity was upheld when supporting people with their personal hygiene and toileting needs.

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.

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

- People continued to receive personalised care that was responsive to their needs. People, their relatives and healthcare professionals were involved in developing and reviewing care plans. The registered manager stated that assessments of people's care needs and preferences were carried out before providing personal care unless the service was required in an emergency.
- We found people's care plans were generally detailed and regularly reviewed. Staff had access to people's care records on a secure mobile application linked to the provider's care management system. Information about the care delivered, administration of medicines or any concerns was recorded on the system and was reviewed by the office staff and registered manager.
- Where a person's needs had changed, staff would inform management and necessary actions were taken such as referring people to relevant health care services.
- People's needs were identified and known by staff including those related to people's protected equality characteristics, risks, and their choices. People said staff were mainly attentive and responsive to their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans. This included any information about sensory impairments and how staff should support people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and their relatives.
- The registered manager explained any minor issues and concerns were dealt with immediately.
- We found complaints raised had been addressed in line with the company policy. Complaints had been documented, investigated, and managed by the registered manager.

End of life care and support

- There was no one using the service who was at the end stage of life at the time of the inspection. However, staff had received end of life training to ensure people would be supported to remain comfortable and pain free during the end stages of their life.

- The provider said they had policies and processes in place to support people with end of life care needs.
- People's care plans would be regularly updated and reviewed when people's health deteriorated, so staff had specific information about how the person wanted to be supported at that time. This would include any recommendations from health care professionals. This would ensure staff had current information on people's changing 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 of this service at its newly registered location. At our last inspection of this service (at the provider's previous registered location), we rated this key question Requires Improvement. At this inspection, this key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had failed to maintain accurate records for each service user and had not effectively monitored and improved the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed up on this breach of regulation as part of this inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the provider had developed a range of audits to monitor the effectiveness of the service, which included the monitoring of staff training, supervision, recruitment (including DBS and Right to Work expiry dates) and staffs' attendance at care calls. The provider stated the results of the audits were analysed to determine trends and introduce preventative measures. They told us, all differences in people's planned care calls were reviewed and addressed by the office staff.
- Staff rotas were planned in advance and working arrangements were in place to monitor people's care calls.
- However, we received mixed comments from people and their relatives about the punctuality of staff and the length of visits times. Most people were happy with their care call times but some felt staff were not always punctual and their visits were rushed. As a result of this feedback, we reviewed a sample of planned and actual care calls attendances, from both the provider's electronic care management system and the local authority's Electronic Call Monitoring system (ECM).
- Staff were required to log in and out, on both systems, when they arrived and departed at each person's house. Office staff monitored and followed up on 'alerts' which were triggered by staff failing to log in and out at each person's home or failing to complete care task.
- In the sample we reviewed, we found there were no missed calls, but some calls were not logged on ECM therefore it was not clear whether the provider had fulfilled their contractual agreement. However, we cross referenced a sample of care calls and found a small percentage of calls ran late or were cut short.
- The local authority shared with CQC that the managers of NSF Health had been given a deadline to

improve and strengthen their processes and systems to accurately manage and monitor people's care calls on ECM. This work was still in progress.

- People and their relatives reported they were not always sure of the names of staff who supported them or the times of their care visits. This meant people may not be able identify specific staff if there were any issues or be able to report any concerns about the punctuality of staff. This was discussed with the provider who agreed to review these issues as a matter of priority.
- The provider's care plan auditing had not identified if the migration of people's care records on to the new system had been fully effective.
- The provider shared their immediate and long-term vision for the service which focused on delivering good quality person centred care to help people remain in their own homes. However, from the feedback people and their relatives provided, we were not fully assured that the provider's vision was fully embedded in the service.
- Therefore, further time was needed for the provider to review and improve the accuracy and management of staff visit times on both systems and people's experiences of care.

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

At our last inspection, the provider had failed to notify CQC of notifiable incidents relating to service users. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We followed up on this breach of regulation as part of this inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager was aware of their responsibility to notify CQC of any significant events. The provider's incident records and CQC's data around notifications confirmed this.
- Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff. The registered manager provided examples of when this had been done.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager understood the importance of continuous learning to improve the care people received and ensure sustainability. They had developed clear processes to follow when things went wrong, including reviewing all incident and accident reports.

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

- Surveys along with regular contact with people provided a mechanism for the provider to monitor people's satisfaction with the service provided to them. Any concerns were addressed.
- Some people shared that a language barrier between themselves and staff had sometimes been an issue. This was discussed with the provider who said they had addressed this known concern with staff, however they agreed during this inspection, to revisit their training around person centred communication.
- Regular staff and management meetings were held to discuss any issues relating to people, changes or issues relating to staff, and updates relating to the provider's policies and governance systems.

Working in partnership with others

- Care staff, office staff and managers worked in partnership with other agencies and had developed relationships with a variety of community healthcare professionals to meet people's needs.