

N.I.S.E. Nursing Limited

Leicester

Inspection report

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30 August 2017

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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

This announced inspection took place on 16 and 30 August 2017. Leicester provides personal care to people who live in their own homes in the community. There was one person using the service at the time of this inspection.

The service had a registered manager. 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.

The person felt safe being provided with support by staff. Staff were aware of their responsibility to keep the person safe. Risks were assessed and managed to protect the person from harm. Safe recruitment practices were being followed.

Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and supervision to meet the needs of the person. Staff told us that they felt supported.

The person's consent was sought before staff provided support to the person. The person was involved in reviewing their care and their opinions sought and respected.

The person's health needs were met and when necessary, outside health professionals were contacted for support. The person was supported to have enough to eat and drink. They were actively involved in purchasing and preparing their meals.

Independence was promoted and the person was encouraged to make choices. Staff treated the person with kindness and compassion. Dignity and respect was promoted.

Support was centred on the person as an individual. The care needs of the person had been assessed. Staff had a clear understanding of their role and how to support the person who was supported by the service. They had contributed to the planning and reviewing of their care.

Staff felt supported and were involved in the development of the service.

Systems were in place to monitor the service and make improvements if required. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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.

The person felt safe receiving support from staff.

Risks were assessed and managed to reduce the likelihood of harm.

Staff understood how to keep the person safe and report concerns if necessary. Staff had been recruited in line with safe recruitment practices.

Medicines were managed so that the person received them safely.

Is the service effective?

Good 

The service was effective.

The person's consent was sought before staff provided them with support.

Staff had received training and support to meet the needs of the person who used the service.

The person was supported to maintain their health. They were supported to have enough to eat and drink.

Is the service caring?

Good 

The service was caring.

Dignity and respect for the person was promoted. Staff treated the person with kindness and compassion.

The person was encouraged to make choices and maintain their independence.

The person's communication needs were understood by staff and they adapted their communication style to maximise the person's understanding.

Is the service responsive?

Good ●

The service was responsive.

The care that the person received was centred on them as an individual. Staff had a clear understanding of their role and how to support the person as an individual.

The person was supported to access activities and the community in the ways that they wanted to.

The person was confident that they could raise a concern if they needed to.

Is the service well-led?

Good ●

The service was well led.

The person was asked for feedback on the service they received.

Staff felt supported and involved in the development of the service.

Systems were in place to monitor the service and make improvements if required.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

Leicester

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 announced inspection took place on 16 and 30 August 2017. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify the Care Quality Commission of. We contacted Healthwatch who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

As part of the inspection we visited the person receiving the service in their own home to get feedback from them. We spoke with the registered manager, the team leader and a care staff member. We looked at the care records of the person who used the service and other documentation about how the service was managed. This included policies and procedures, staff rotas, staff records, training records and records associated with quality assurance processes.

Following the inspection visit we contacted health and social care professionals to seek their feedback.

Is the service safe?

Our findings

There were systems and processes in place to keep the person safe. The person told us that they felt safe because they were supported by staff. They said, "I like the support workers coming with me." Staff confirmed that they felt the person was safe in their care. A staff member said, "We protect her safety." A health care professional that we spoke with told us, "I have no concerns." There were enough staff to meet the person's needs safely. Staff confirmed this.

Staff understood their responsibilities to keep the person safe from avoidable harm and report any concerns that they might have. Staff understood how to act as 'whistle-blowers' and report concerns outside of the organisation if their managers' did not take actions to keep people safe. One staff member said, "We have the whistle blowing policy but I would talk to the registered manager first." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and the person using the service with details of how to report safeguarding concerns.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. The required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS check helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Risks were identified and measures put in place to minimise the risk of avoidable harm. Risk assessments were kept under review to ensure that they remained current. They were individualised to the person and took into account the person's assessed needs. The person was supported to recognise risks for themselves and keep themselves safe. The person was not prevented from taking risks which would enhance their quality of life. Staff supported the person to manage the risks associated with the home environment. For example they routinely checked the smoke alarm to ensure that it would be effective in case of a fire.

The person was supported to take their medicines as prescribed by their doctor. We saw that medicines were stored safely and administered in line with the provider's medication policy. Staff had received training to administer the medicines safely. A staff member told us, "We check we have the correct amount of tablets and check the tablets are the same as the prescription." They used medication administration records (MAR) to guide them to support the person to take the right medicine and the right time. Records were maintained to support this. Staff worked with the person's GP to help them review the person's medication regime. Since having been provided with support from Leicester the person was on a reduced dosage of some of their medicines. One staff member said, "We don't want (person) to be dosed up all the time. We want her to be up and doing things."

Is the service effective?

Our findings

The person was supported to choose, shop for, cook and prepare the meals that they enjoyed. They explained that staff remained at hand when they were cooking to offer support if needed. Prior to receiving support from Leicester the person had meals delivered. They had expressed a wish to prepare their own meals and this had been facilitated by staff. A staff member said, "She enjoys cooking."

The person was supported to access health care professionals for routine appointments as well if they required emergency medical attention. Records relating to the person's physical health were maintained. The person told us that they were receiving dental treatment at the time of our inspection and that staff supported them to access their appointments.

The person using the service consented to the care that they received. Staff confirmed that they checked with them that they were happy to receive their support. Where the person did not consent to an aspect of their care this was respected. For example the person had requested that staff do not wear uniforms when providing support.

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. We checked whether the service was working within the principles of the MCA. We saw that this was. The registered manager and staff understood the requirements on them with regard to the MCA. The registered manager had identified that a restriction had been put in place to protect the person at night. They had considered if the person fully understood this and had consented to it. The provider had policies in place which guided staff on the MCA.

The person was supported by staff who had the knowledge and skills to meet their needs. Staff explained that they received training when they started working at the service that enabled them to meet the person's needs. This included health and safety training and medication administration. New staff were required to complete induction workbooks to show their learning. The staff training records showed that staff received regular refresher training and ongoing learning. We saw that staff's understanding of the training materials used had been assessed.

Staff were supervised and spot checks were carried out to ensure that they were competent to fulfil their role. During supervision meetings staff were asked to review their performance and any issues regarding the person they supported were discussed. Staff knowledge around safeguarding policies and procedures was also checked during their supervision meetings.

Is the service caring?

Our findings

The person was treated with kindness and respect by staff. A staff member told us, "(Person's) wellbeing is our priority." We observed a staff member's interactions with the person when we visited them. They demonstrated that they were caring and considerate of the person. The person felt reassured by the staff member's presence. Staff demonstrated that they treated the person with dignity and respect. One staff member said, "It's all about respect. We are a guest in her home. We are respectful of her belongings. Respecting her dignity, privacy and her as a person."

The person was supported to plan their time and provided with information in a format that made it easier for them to understand. We observed that they had a board in their home which contained information about the week ahead. This included the staff rota and appointments as well as the times of regular events such as when the person took their medicines or the day that they needed to put the rubbish bin out. Staff told us that this was important for the person. One staff said, "(Person) didn't know what she was doing day to day [prior to the introduction of the board]." Staff understood the person's specific communication needs. They adapted how they interacted with them to aid their understanding and check with them that they had received all of the important information. The person told us, "Sometimes I can't understand so they explain to me so I understand." A health professional confirmed this, they said, "They write things down for her and say things in a way she needs them to."

The person was supported to remain as independent as they could. The person told us, "I do cleaning with [staff] together. They help me when I'm cooking." Staff recognised that the person required minimal support with most tasks and only intervened when they were asked to do so or offered help when the person demonstrated that they would appreciate it. Where the person's condition meant that at times they were less able to do things for themselves this was recognised and staff supported them more closely. Care plans guided staff on how to support the person and at what times. In these ways the person was developing confidence in their own abilities to complete tasks but felt reassured by staff's presence.

Staff ensured that the person was offered choices and was in control of their life. For example one staff member explained to us how the person had expressed a wish to take their medicines at a time that it was not prescribed for. Staff had contacted the person's GP who advised that the alternative time would not have an adverse effect on the person. Staff then supported the person to take the medication when they wanted to. A staff member told us, "She doesn't feel like she is being controlled. She knows she has respect from us." Staff were guided through risk assessment and care plans to consider the person's rights and to empower them whenever possible to have control over their own life. For example plans required staff to explain the benefits and any constraints to activities to the person. Risk assessments guided staff to consider the person's position, thoughts and feeling and have empathy for them.

The person was supported to maintain relationships that were important to them. Staff reminded them to make contact with important people in their life to arrange visits or to keep in touch. They supported the person to visit with people in a way that promoted their independence and dignity.

Is the service responsive?

Our findings

The needs of the person using the service was at the centre of care that they received. It was responsive to their needs and wishes. For example they preferred to be supported by female staff. Staff understood that the support that they provided to the person needed to be adapted depending on their individual needs. At times they were less able to process information or require greater staff intervention. Staff recognised when this occurred and responded to the persons changing needs. Staff at the service work closely with other health and social care professionals involved in the person's care to ensure that they provide a consistent approach. A health professional told us, "They adapt their care to meet her needs."

The person's personal history and their aspirations were taken into account when planning their care with them. Staff were provided with information that helped them understand what was important to the person. Staff confirmed that the person received the care that they needed and that they benefited from their support. One staff member said, "I have seen (person) go from being very anxious to becoming a very calm and happy (person). She feels stable and relaxed." A health professional that we spoke with confirmed this. The person's care needs had been assessed and plans put in place which guided staff to meet them. The person had been involved in the review of the care that they received. This was to ensure that it continued to meet their needs and changes could be made if required. A staff member told us, "When I did her care plan I asked if she was happy with it."

The person was supported to remain safe and reassured when they became upset. Care plans and risk assessments were in place to guide staff on how to support the person. Staff confirmed that they understood how to follow these and that they were effective. Staff received the appropriate training to keep themselves and the person being supported safe. One staff member explained to us how they gave the person space and time to calm and process their thoughts when they became upset and that this was helpful to them.

Records were kept to document events that occurred in the person's life and how they had been supported through these. The records informed outside health and social care professionals of the events and staff interventions. This information helped professionals to understand the needs of the person and how best they could intervene. For example information staff provided to a health professional, helped them to assess if the person was on the correct dosage of their medicines.

The person was supported to access the community and engage in activities that they enjoyed and were meaningful to them. They told us, "I go to town or the hospital or the hairdressers." A staff member told us, "We encourage (person) to go out as much as possible. To do the things that she likes to do." The staff team had taken action when they recognised that a person was no longer able to attend a preferred activity. They had raised this with the relevant authorities in order for them to find ways to facilitate the person accessing this activity again. The person was supported to follow their religion in the way that they wanted to. A staff member said, "It's important for us to put aside our own ideas to support (person)."

The person using the service told us that they would feel comfortable making a complaint. They said, "I

would talk to (team leader), no problem." We were told by the team leader that the complaints procedure was available to the person and that they regularly checked with them that they understood who they could raise a concern with. The registered manager told us that they had not received any complaints since the service commenced. We saw that there was a policy in place to be followed if a complaint was received.

Is the service well-led?

Our findings

The person using the service was asked for feedback on the service they received. A staff member told us, "She will tell me if the other staff are doing well." Another staff member said, "I know [person] is happy with the service, she will tell us." The person was invited to attend staff meetings so that they could feedback on issues or ideas discussed.

Staff told us that they felt that through strong team working they had been successful in providing good quality care for the person. One staff member said, "Everything runs very smoothly." The staff team communicated with each other via the staff communication book and handovers. They meet as a team with the registered manager to discuss concerns and receive support and feedback. A staff member told us that they used the meetings to discuss ideas on how they could improve the support that they provided. Staff were clear on their responsibilities. When staff started working at the service they had received the provider's policies and procedures. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the safeguarding policy.

Staff felt supported. One staff member said, "There is a 24 hour on call system." They described the registered manager as being "One the ball, he is very supportive." Another staff member said, "They are there if I need them." We saw that staff were communicated with when support systems changed so that they could be confident they knew who to contact if they needed to. Staff had access to the provider's policies and procedures and understood how to follow them. The registered manager had ensured all staff had received these which were included in the employee hand book.

Systems were in place to measure the quality of care delivered so that improvements could be made. The registered manager had an oversight into the service and delegated tasks to the team leader. The team leader checked records to ensure that all aspects of care had been provided as planned. For example MAR charts were reviewed monthly and a stock check of medicines was kept. The registered manager visited the service to make checks, however these visits were not always recorded. We asked the registered manager to implement a system whereby formal checks took place and were recorded in line with their policy. They confirmed that they would do this.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.