

Niche Care Limited

Niche Care Wakefield

Inspection report

Benton Office Park
Horbury
Wakefield
WF4 5RA

Tel: 01924928666

Date of inspection visit:
07 October 2021
12 October 2021

Date of publication:
10 November 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Niche Care, Wakefield is a domiciliary care agency. It provides personal care to adults with a range of support needs in their own homes in the Wakefield area. 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 this inspection 61 people were receiving support with personal care.

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

Some significant improvements have been made by the new provider since our last inspection, however we need to see these improvements fully implemented and then sustained. In particular, people's risk assessments and the provider's quality assurance systems need to be further developed. We have also made two recommendations regarding recording capacity to consent to care and responding to feedback.

Safe recruitment procedures made sure staff were of suitable character and background. Staff had received training in safeguarding vulnerable adults. There were enough staff deployed to meet people's care and support needs. People received their medicines as prescribed.

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 were provided with an induction and relevant training to make sure they had the right skills and knowledge to support people. Staff told us the manager was approachable and they felt supported in their jobs. People were supported to maintain good health and have access to health and social care services.

Positive and supportive relationships had been developed between people, their relatives and staff. People told us they were treated with dignity. People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. Care records were being updated to reflect this. There were systems in place to respond to complaints. People told us they knew how to complain, and the manager and office staff were responsive to any concerns they raised.

The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. People using the service, their relatives and staff told us they could see improvements were being made at Niche Care, Wakefield.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 April 2021). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action

taken to inform our planning and decisions about the rating at this inspection.

We met with the new provider and they have completed an action plan with the local authority to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the new provider was in breach of one regulation.

This service has been in Special Measures since 26 April 2021. During this inspection the new provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the new provider had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate 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 Niche Care, Wakefield 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.

We have identified breaches in relation to risk assessments and quality assurance processes at this inspection.

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

Follow up

We will request an updated 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Niche Care Wakefield

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 Care Act 2014.

Inspection team

The inspection team was made up of one inspector and one bank inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of applying to register with the CQC.

Notice of inspection

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

Inspection activity started on 7 October 2021 and ended on 12 October 2021. We visited the office location on 12 October 2021.

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 commissioners and safeguarding team, and from Healthwatch, Wakefield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and three relatives about their experience of the care provided. We met with the manager and director of operations. The director of operations was representing the provider. We spoke with seven members of care staff.

We looked at written records, which included four people's care records and four staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. This included reviewing people's care records and quality assurance processes.



Is the service safe?

Our findings

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

At the last inspection with the previous provider this key question was rated as inadequate. At this inspection this key question has improved 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.

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

At our last inspection we found systems were not in place to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had already been made and plans were in place for further improvements. However, as systems were not fully in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not everyone had up to date risk assessments in place. The provider had implemented a new electronic system to record people's care and support needs, which staff could access via their mobile telephones. Not all risk assessments had been reviewed and transferred over to the new system for staff to access. The manager told us they were in the process of doing this.
- Risk assessments did not always contain sufficient guidance for staff on what actions to take to help reduce risks. The manager acknowledged this to be the case and was working with staff on improving the level of detail in people's care records.
- The manager and provider told us there had not been any accidents reported since the last inspection to analyse. The provider had systems in place for all accidents and incidents to be regularly analysed and any lessons learnt shared with staff. For example, the policy and procedures for handling service user's money had been redistributed as a reminder to staff following some allegations of financial abuse earlier in the year.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found safeguarding procedures were not followed to ensure people were safe from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 13.

- People told us they felt safe with the care workers. Comments included, "They are nice staff. I have a regular few that come. They always ask me what I want done. The girls always have ID badges with them" and "They [care workers] are all really thoughtful and always ask if they can do anything else for me."
- There were systems in place to help protect people from abuse. Staff had received training on safeguarding vulnerable adults. The provider had up to date policies and procedures staff could access regarding safeguarding and whistleblowing.
- Staff were aware of how to report any unsafe practice. Safeguarding concerns had been recorded and tracked. Staff were confident any concerns they raised would be taken seriously by the managers and acted upon appropriately. A member of staff told us, "[Name of manager] is really helpful, best manager I have ever had. Very supportive and responsive. [Manager] wouldn't make us do anything they wouldn't do."

Staffing and recruitment

At our last inspection we found robust recruitment procedures were not followed to ensure staff were suitable to work with vulnerable people, which placed people at risk of harm. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 19.

- The process of recruiting staff was safe. The provider's staff personnel files contained the required information to help ensure people employed were of good character.
- The provider had a thorough induction process in place for new staff. This was called 'Footsteps into Care', which included completing face to face and online training before shadowing more experienced members of staff.
- Newly recruited staff confirmed they had completed or were in the process of completing an induction.

At our last inspection we found there were insufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 18.

- There were enough staff deployed to help keep people safe. The provider had recognised the service had previously grown rapidly and new staff had not been recruited at the same pace to meet this increased demand. As a result, the provider had made the decision to reduce the number of people they supported and was in the process of recruiting more staff.
- People told us there were enough staff employed. Comments included, "They [care workers] always come, they never miss", "Maybe sometimes there is staff illness or staff are on holiday and someone else slips in, but no problems with them [care workers] coming, they always do" and "I have two care workers at each visit and there are always two of them."
- Call times had improved since our last inspection. However, comments from people were not universally positive about this. People told us, "The timing can be a problem, some [care workers] come on time, but not always. This is getting better now summer is over" and "Is the care good? Sometimes yes, but sometimes no. It all depends on the timings [of calls]."
- Care workers agreed travel time between calls had improved since our last inspection, but there was room for further improvement. Comments from care workers included, "Time between calls is better than it used

to be [but can still impact negatively on the time we can get to the next call]" and "We [care workers] have plenty of time during calls, but time between calls can be tight, but that is getting better."

Using medicines safely

At our last inspection we found there were no systems in place to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 12.

- Most people told us they received their medicines as prescribed. Comments included, "They [care workers] do my medicines OK, they are alright" and "They [care workers] give me my medicines, they put them out and we check them together, it's fine." One person did tell us, "They [care workers] know my needs but come and give them to me at different times, maybe my first call at 6:30am, maybe 8:30am or 10:30am. If a carer is sick then the calls can be late. The office staff will come to do it which is good of them."
- Staff confirmed they received training in medicines management and their competency in this area was checked. We saw recent records of these checks taking place and the manager confirmed spot checks had restarted. A member of staff told us, "I have just started to do medicines. I have had the training and I am now being watched by colleagues to make sure I am doing it right."
- The provider had started undertaking audits of people's electronic medicines administration records (EMARs) to ensure they were completed correctly by staff. These audits had only been recently reinstated and had been undertaken by a member of staff at another branch. We saw evidence these audits had started taking place. There were no errors on the EMARs we looked at.

Preventing and controlling infection

At our last inspection we were not fully assured the previous provider was effectively ensuring the prevention and control of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 12.

- Staff understood how to prevent the spread of infection and told us they had access to personal protective equipment (PPE) from the office.
- People confirmed staff wore PPE when supporting them with personal care.

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 the last inspection with the previous provider this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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 staff told us they received training in the MCA and dementia. They understood the need to give people choices. For example, one care worker was able to tell us about two people she supported. They clearly knew both of them well and how they liked things to be done. They knew to ask for consent before providing any care and support.
- Care records included space to record whether a person had capacity to consent to specific significant decisions. Where the person did not have capacity there was space to record best interest decisions. However, these records were not always fully completed or did not reconcile with how their mental health needs were described in their initial care and support needs assessment.

We recommend the provider considers current guidance on gaining consent where people lack capacity and to update people's care records to evidence this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last assessment we found systems and processes were not consistent or robust enough to ensure adequate assessment of people's needs and risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us people were visited at home to assess their care and support needs to ensure the service could meet their needs. The manager worked with the local authority to try and ensure they could meet people's needs before providing a care and support package.

- People's care records contained enough basic information for staff to provide personalised care at each visit. Staff confirmed this to be the case, although some did comment this information could be more detailed.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not have adequate induction, training or support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 18.

- People told us staff were trained. Comments included, "They [care workers] know what they are doing, and if they didn't I would soon tell them!", "They [care workers] always seem to know what they are doing" and "They [care workers] are a big help. They are pleasant and respect my dignity."
- Staff confirmed they received regular training. A member of staff told us, "Training is very good and we have ample." Staff new to care were being supported to complete The Care Certificate. 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.
- The manager had started to undertake supervisions with staff, however not every member of staff had received one yet. The manager confirmed they were in the process of introducing meetings for care workers and competing supervisions with them. Staff told us they felt supported in their roles. Comments from staff included, "Managers are there for you if you need them" and "[Name of manager] is very supportive. I feel like I am part of a team, we work well together."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with meal preparation, eating and drinking, if required. People's nutritional needs and preferences were documented on their care records. One person told us, "They [care workers] cook my food OK. The carer workers, they ask me if I want bacon or sausage, they are really good, something to get up for."
- Staff were keen to support people to live healthier lives. For example, one person told us, "I have got an exercise bike and they [care workers] help me on it for five minutes in the morning and five minutes in the evening, to keep up my movement and circulation. Having something to look forward to helps to stop me feeling poorly and the care workers give me that."
- Staff worked with other agencies to achieve good outcomes for people. For example, one care worker told us how they were working with a person's Occupational Therapist to find the most comfortable hoisting techniques. The care worker told us, "[Name of person] is wanting to get out of their chair more often as they are gaining more confidence now with regular care workers."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection with the previous provider this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

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

At our last inspection we found care was not person-centred and people's individual needs and preferences were not respected. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 9.

- Not everyone received care and support from the same group of care staff. Some people were satisfied they were now getting regular care workers. However, other people told us, "I don't always know who is coming, it's nice to know but they [office staff] don't always tell me or tell me when it is going to change" and "I don't like it when I don't know who is going to come through my door." We spoke with a member of office staff about this and they told us people can be emailed a copy of their rota in advance if they request this.
- It was clear from our conversations with staff that they knew people well and were committed to providing personalised care. A member of staff told us, "I am now on a regular run [rota] and the service users are getting somewhere as it is now consistent. Previously staff couldn't follow up on things, just trying to get calls covered. Service users are happier now."

Improving care quality in response to complaints or concerns

At our last inspection we found complaints were not sufficiently acknowledged, recorded, or responded to. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of regulation 16.

- The provider had effective systems in place to track and respond to people's complaints in a timely way. The manager told us they were currently working through a backlog of complaints from the previous provider.
- The provider had an up to date complaints policy and procedure in place. This was made available to people using the service.

- People told us they knew how to complain, and they would ring the office if they had any problems. Comments included, "If ever I have a concern I speak to the office [staff]. They listen and put things right" and "If I had a problem I would ring the office [staff] for support, but everything is ticking along OK."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- Where people had been assessed as needing assistance to support their health and wellbeing they were supported and encouraged by care staff to undertake different activities.
- The service was not currently caring for anyone who was at the end of their life. However, all staff were expected to undertake training in end of life care. We saw records of this training taking place.
- There was space on people's care records to record their needs and preferences at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the Accessible Information Standard. The provider had systems in place so people with a disability or sensory impairment were given information in a format they could understand.
- People's communication needs were assessed and noted in their care records.

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 the last inspection with the previous provider this key question was rated as inadequate. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection we found there were widespread weaknesses in the management of the service which impacted on the delivery of safe, effective and reliable care for people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found systems were not fully in place to assess, monitor and improve the quality and safety of the services provided this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some significant improvements have been made by the new provider since our last inspection, however we need to see these improvements fully implemented and then sustained before the service can be rated good in any of the domains or overall. In particular, people's care records need to be reviewed, updated and all information transferred to the new electronic system. Timing of calls and people being allocated the same group of regular care workers require further improvements. Quality assurance systems need to be further developed.
- The provider did have some quality assurance and governance systems in place. These included audits of care and electronic medicines administration records. The manager told us they were also going to start auditing daily logs. Staff competency checks were being reintroduced alongside regular supervision. The provider told us their initial focus was on getting the basics of safe care right. They were now moving onto developing and improving the service.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance.

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

- The provider had systems in place to gather the views of people using the service, their relatives and staff. The manager and office staff had started to undertake some 'Are We Caring' telephone surveys with people and 'Are you Caring' telephone surveys with staff. Initial response to date had been positive.
- People using the service had also been asked for their views via the provider's annual questionnaire, 'Your Care Matters' in May 2021. We were told there was a response rate of approximately 85%. We were shown

some analysis of the responses, which were mixed. The manager told us they were responding to people individually where negative feedback had been received. The analysis had not been shared with people.

- There were plans in place to reintroduce face to face meetings with care staff. The manager had also undertaken meetings with office staff since starting at the service. Care staff told us they were keen for these meetings to take place.

We recommend the provider considers current guidance on gaining and responding to feedback.

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

- People using the service and staff told us they thought the office staff and new manager were approachable. One person told us, "I can always speak to office [staff] if there is a problem, whatever it is, they are really lovely people."
- Staff told us they enjoyed working for Niche Care, Wakefield. They said they felt valued and supported in their jobs. Comments included, "I love working for Niche, everything about it; the service users, the staff, the office. Even management are brilliant" and "We all work well together as a team, which is good." We were told some care staff who had left under the previous provider had returned as they had heard the service had improved.
- Staff told us they thought the service was improving. Comments included, "I started at Niche [at the beginning of the year]. It was tricky at first, but it has smoothed out now, especially since [new provider] started" and "Much better since [new provider] took over. There have been lots of improvements, some more to go but [we are] going to get there."
- The manager was in the process of registering with CQC. They had previous management experience in social care and were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Working in partnership with others

- The provider and manager were working in partnership with Wakefield local authority commissioners to improve the service.
- Staff liaised with other health and social care professionals to discuss any changes and updates to people's care and support needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not fully in place to -</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p>