

Nested Support Ltd

Nested Support

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?

Good ●

Summary of findings

Overall summary

About the service

Nested Support is a domiciliary care agency providing personal care to people living in their own homes. The service supported eight people at the time of the inspection, all being supported with 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

People were cared for in a safe manner. The service had a safeguarding policy and procedure in place. Staff attended safeguarding training and were confident in identifying and reporting abuse. Risks to people's health and wellbeing were suitably managed. Staff were recruited safely. There was good infection control practice in the service including up to date COVID-19 guidance.

Staff acknowledged and respected people's needs and choices. All care plans we reviewed were person centred. Peoples food and drink preferences were recorded clearly in their care plans. The staff team were supported with regular supervision, spot checks and meetings. Technology was used to ensure open communication with health care teams.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were caring and kind. Feedback from people and relatives was consistently positive. Creative and innovative use of technology ensured open and transparent communication between people, their relatives, carers and relevant professionals. Staff support respected people's privacy and dignity.

Care and support plans were reviewed and updated as people's needs changed. People were treated as individuals and their choices were respected. People, relatives and staff felt they would feel confident to speak with the registered manager if they had any concerns.

People, relatives and staff felt that the service was consistently well-led. The registered manager had created a culture of quality person-centred care. There were clear and effective governance and accountability arrangements. We found proactive engagement with people, relatives, staff, health care professionals and community groups.

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

Rating at last inspection

This service was registered with us on 08/08/2019 and this is the first inspection.

Why we inspected

This inspection was required because the service has been registered and carrying out regulated activities since August 2019, not yet inspected due to COVID-19 pandemic restrictions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care service inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Nested Support

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 was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 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. We also needed to gain consent to contact people using the service by telephone.

Inspection activity started on 11 March 2021 and ended on 15 March 2021. We visited the office on 11 March 2021 and made phone calls to people who used the service, relatives and staff on 11, 12 and 15 March 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority. 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 four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, the registered manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of abuse.
- People felt safe when supported by the care staff. One person told us, "I feel safe in my home."
- All the staff had received suitable and effective training in this area. They felt confident to recognise and report safeguarding concerns. One member of staff told us, "I would take any concerns straight to the manager."
- Where there were safeguarding concerns, the provider had raised a safeguarding alert with the local authority to ensure a suitable investigation was carried out.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- People felt safe with the staff supporting them. One person told us, "I am very happy with them, they are excellent. Nothing is too much trouble."
- Care records were very clear and person centred. Risks to people's health and wellbeing were easily identifiable.
- The provider undertook comprehensive environmental risk assessments which identified any concerns and protected people and staff from harm.
- The effect of COVID-19 had been included in assessments of people's wellbeing and support plans contained guidance for staff on how to respond.

Staffing and recruitment

- There were enough staff employed to ensure that people's needs were met safely.
- People were happy with the times of their calls and one person told us, "They have never let me down."
- Staff were recruited safely; all necessary pre-employment checks had been completed to ensure they were suitable to work with people who used the service.
- The registered manager used a service user compatibility assessment tool to match people with suitable staff.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people.
- The registered manager implemented an electronic system for recording medicines. Medicine records were clear and reviewed daily by the registered manager. This enabled real-time alerts to be sent to management if any medicines were missed.

- Staff received training in safe medicine administration, and this was followed by a competency check to ensure staff understood how to administer medicines.

Preventing and controlling infection

- Safe systems and practices were in place to reduce the risk of infection to people, staff and visitors.
- We were assured that the provider was using PPE effectively and safely. People and relatives told us that staff wore PPE appropriately. One person told us, "They always wear masks, aprons and gloves. They are very careful."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons had been learned following analysis of incidents.
- The registered manager had a system in place to identify themes and trends of accidents and incidents which was easy to use.
- We saw that all accident and incident records were reviewed with outcomes and lessons learned recorded.

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 needs and choices were met in line with national guidance and best practice.
- Care plans were person centred and used up to date and evidence-based tools; NICE guidelines and COVID-19 guidelines were referenced.
- People or their relatives felt involved in the assessment process and one relative told us "The registered manager's attention to detail is fantastic and very reassuring."

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- People were consistently happy with the staff who supported them. One person told us, "They all know what they are doing, they come, do their job and always have time for you."
- Staff were trained to carry out medical procedures and identify any issues; a relative felt staff communicated well with them about this to ensure the person remained well.
- Staff completed an induction and training in line with the Care Certificate. Staff told us they were happy with their induction and training and the support from the registered manager. One member of staff told us, "Training is more than ample, we get all the updates and I feel confident."

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

- People were supported to have a balanced diet and exercised genuine choice with meals. One relative told us, "Staff sit with my relative and have a conversation with them about what they like to eat, they plan meals and a shopping list."
- People's food and drink needs, and preferences were recorded clearly in care plans. Staff recorded what people had eaten or drunk and how this met their choices.

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

- Staff worked collaboratively with other health professionals to understand and meet people's needs.
- The registered manager had introduced an innovative method of communication using technology to ensure there was open communication with healthcare teams to promote timely and suitable support for people to be well.
- Staff were supported through regular supervision, spot checks and meetings.

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.

- When people did not have capacity to consent to some decisions, we saw mental capacity assessments were completed to ensure decisions were being made in people's best interests.
- Staff encouraged people to make their own decisions where possible. At the time of the inspection no person using the service had any restrictions placed on their liberty.

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 kind and caring staff.
- People and their relatives consistently spoke highly of all the staff who supported them. One person told us, "I can't praise them enough. They always ask if there is anything they can do for me before they go." Another person told us, "They are all brilliant, the company, the carers and the registered manager, they can't do enough for you." A relative told us, "The care that we get is fantastic. They are all brilliant." Another relative told us, "I sleep a lot better now as I know my relative is in good hands."
- Staff were highly motivated and passionate about providing the best care possible.
- The management team explained the holistic aims of the service and their culture of meeting these high standards of support for people.

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

- People or their relatives were involved in planning their care. We saw where this had been recorded in regular reviews of care plans.
- Care plans were person centred and included detailed guidance for staff in supporting people to make daily choices. One member of staff told us "The care plans are great; I love the way they are done. They talk you through what to do from arrival and they are easy to access on the app."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and regarded as individuals.
- Privacy, dignity and independence were recorded in care plans and staff were provided with clear guidelines to support this. One relative told us "It is fantastic, the care plans show my relative is at the centre of everything they do. The notes show good quality interaction, not just about having a wash, etc."
- People knew who was coming to their home to support them. Care records showed where staff gained consent before entering the home. One relative told us "I know the carers who are going in. "This support has meant my relative can stay in her own home. Staff talk about what my relative would like to be doing after lockdown restrictions are lifted, when this happens it will be the icing on the cake."
- The registered manager assisted a community group to enhance the broadband connection in a village. This would provide further independence to people as they would be able to make better virtual connections to keep in touch with family and friends.

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 had personalised care plans that promoted independence and with a focus on their likes and dislikes.
- Staff understood how to support people and the care records demonstrated people were treated as individuals and their choices were respected. Staff guidance included individual details of what a good day and routine looked like for a person and how this made them feel.
- The care plans were reviewed and changed in response to people's needs changing. The COVID-19 guidelines were included for staff to look out for changes to people's health and well-being.

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.

- Staff identified people's information and communication needs by assessing them.
- The care plans had detailed guidelines for staff to communicate with people best and in a dignified way.
- Staff understood individual communication needs. One relative told us, "The staff are kind in how they communicate with [Name]."

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

- People were supported to follow their interests and maintain relationships important to them.
- We saw details of people's leisure interests recorded in their care plans.
- Assessments were completed for people to identify the impact of COVID-19. One relative told us, "My relative ordinarily likes to go out and it is positive that she is talking about this with staff for after lockdown".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- People, relatives and staff were provided with information they would need should they wish to discuss a concern. The service user guide was made available in everyone's home.
- People and their relatives were confident to speak to the registered manager about any concerns. One person told us, "I have no concerns or complaints but would be very happy to talk to the registered manager if I did". A relative told us, "I have not had any complaints but would be very happy to talk to the registered

manager if I do, she always calls you back if she misses a call"

End of life care and support

- At the time of the inspection there was nobody receiving end of life care.
- The care records included information about people's wishes and preferences at the end of their life.
- The registered manager discussed regularly with staff to ensure staff understood people's needs and preferences if they became seriously unwell.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear and effective governance and accountability arrangements in place.
- The registered manager understood the importance of quality monitoring and how to use this information to drive improvement.
- Daily audits were completed by the registered manager to monitor call time durations, punctuality, medicines management and incidents.
- A system was used that could identify themes and trends. For example, of accidents and incidents, safeguarding alerts.
- The registered manager carried out regular spot checks and observations to help drive quality care.
- There was a strong focus on continuous learning and best practice guidance was shared with staff.
- Some policy and procedures were not up to date in line with the review date set by the provider. The content of these policies and procedures remained current, in line with national guidance. The provider agreed to set up a system to ensure review dates were checked and met.

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

- People, relatives, staff, the registered manager and the nominated individual described a culture which focussed on people and ensuring they received good care.
- People, relatives and staff spoke highly of the registered manager. One person told us, "The registered manager is brilliant, she just is, she can't do enough for you". A relative told us, "The registered manager's attention to detail is fantastic and very reassuring. She has high standards and is very professional. I feel I have a good relationship with them." One staff told us, "She is the best registered manager I have ever had; she is so lovely and supportive. I can ring her at any time for help, even before an early shift." Another staff told us, "She is a fantastic registered manager, she is an encyclopaedia of knowledge."

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

- People and their relatives were regularly involved in the review of the service they received.
- Regular staff meetings were held which provided an opportunity for staff to give feedback.

- The registered manager proactively engaged with people, relatives, staff and healthcare professionals and community groups.

Working in partnership with others

- The provider worked openly and collaboratively with others.
- The innovative use of technology ensured a proactive approach to information sharing and emergency procedures.
- The registered manager worked closely with another local care provider to discuss community issues as well as referrals and COVID-19 guidance.