

Nutrix Personnel Limited

Nutrix Homecare

Inspection report

Hygeia Building 66-68, College Road
Harrow
HA1 1BE

Date of inspection visit:
22 February 2022

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30 March 2022

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

Nutrix Homecare is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. At the time of inspection, the service provided care to three children who received personal care. The Care Quality Commission (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:

Relatives involved with the care and support that their family member received from the agency spoke positively about their experience. Care and support was personalised to the person's individual needs. The person's privacy, dignity and independence was promoted.

Appropriate medicines management and administration processes were in place. We found that some Medication Administration Records (MARs) and prescribed 'as and when required' medicines (PRN) protocols lacked some information. We have made a recommendation in respect of this.

People were protected from abuse. Staff had received training on how to safeguard people and children were aware of the procedure to follow if they suspected that people were subject to abuse.

People were supported by care staff that they knew, who arrived on time and always stayed their full allocated time. Recruitment processes ensured that only care staff assessed as safe to work with vulnerable people and children were employed.

People's care needs were risk assessed and care plans provided staff with the information to manage the identified risks.

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.

The provider had taken measures to prevent and control the spread of COVID-19 and other infections.

The provider had a complaints policy and procedure in place. Management were open and transparent throughout the inspection and responded to any requests positively.

Management monitored aspects of the quality of the services through audits and checks.

Staff told us they were well supported by management. They were confident that management would address any concerns around their personal development and the safety of people who use the service.

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 service was registered with us on 11 September 2020 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

Why we inspected

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

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?

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 

Nutrix Homecare

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 consisted of one inspector.

The service had a manager registered with the CQC. 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 two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 22 February 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. 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

During the site visit we spoke with the registered manager and the compliance officer.

We reviewed a range of 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 audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives of children who were receiving personal care and support about their experience of the care provided. We spoke with two care staff. We looked at three people's care records. We also looked at training data, quality assurance records, policies and procedures. We also obtained feedback from two care professionals that had worked with the provider.

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 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

- Appropriate policies and procedures were in place to protect people and children from the risk of abuse.
- Relatives told us they were confident their family members were safe when being supported by care staff. Comments included, "I do feel my [family member] is safe in the presence of the care worker." and "I am confident my [family member] is safe."
- Staff we spoke with demonstrated an understanding of what to do to make sure people and children were protected from harm. Staff received appropriate training in safeguarding people.
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised.

Using medicines safely

- The provider assisted one person with medicines support. This person's medicine support needs were documented in their care plan including the list of medicines prescribed, how and when they should be administered.
- An electronic monitoring system enabled the service to monitor medicines administration. Where the service was unable to record administration of medicines electronically, they recorded this information on paper format MARs.
- We viewed a sample of MARs and noted that some lacked information regarding the formulation and strength of medicines and how often the medicines were to be taken.

We recommend that the provider refers to appropriate guidance to ensure that all relevant information is included in MARs. We discussed this with the registered manager who confirmed that immediate action would be taken to add the necessary information to MARs.

- One person received 'as and when required' medicines (PRN). We noted that formal PRN guidance was in place. However, this lacked some detailed information about how much and in what circumstances PRN medicines was to be given to the person. We raised this with the registered manager who confirmed that he would add this additional information.
- Staff were trained in the safe administration of medicines and we saw documented evidence of this.
- Care staff received medicines training and their competency had been assessed to ensure they were able to administer medicines safely.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe. Individual risk assessments were

completed which included the environment, moving and handling, use of equipment and physical health.

- Risks were reviewed to ensure people's changing needs were identified and safely managed. The registered manager told us that he had recently amended the risk assessments so that they were more user friendly and could be updated quickly to reflect changes. He explained that he had worked closely with care staff and relatives when putting these risk assessments together. He said that it had been a joint effort and that it was "our" risk assessment instead of "a" risk assessment.
- Staff we spoke with were aware of people's needs and could describe the actions they would take to keep people safe and to mitigate risk.
- Feedback we received indicated that care staff were punctual and there were no issues with lateness or missed visits. One relative said, "The carer arrives on time. There are no issues with lateness."

Staffing and recruitment

- Policies and procedures were in place to ensure that all staff recruited were assessed as safe to work with vulnerable adults and children.
- Pre-employment checks included, criminal record checks, references from previous employment, right to work in the UK and proof of identity.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The provider was safely able to meet people's needs with the current number of care staff they had.
- Relatives spoke positively about the way in which care staff rotas were managed with a focus on consistency and continuity of care. People received care from the same care staff which enabled positive and caring relationships to develop.
- An electronic call monitoring system was in place to monitor care staff punctuality and attendance.

Preventing and controlling infection

- The registered manager had systems in place to ensure people and staff remained safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 which were in line with national guidance.
- People received care in a way that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently minimising the spread of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.

Learning lessons when things go wrong.

- Systems were in place to report and record accidents and incidents. Records included the nature of the accident or incident, immediate actions taken, the outcome and any follow up actions and recommendations.
- The registered manager kept spreadsheet where all accidents and incidents were recorded so that he had a clear oversight of these.
- The registered manager explained that following any accident or incident, information would be shared with the staff team and appropriate healthcare professionals where required. This enabled further learning and/or improvements to prevent any future re-occurrence.

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 as 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 were carefully assessed before the provider started to provide any care and support. This was to assess whether the provider could provide them with an appropriate service.
- A care plan was created following the assessment process, so staff knew what care people needed and when. Care plans showed that their needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People's care was based on current guidance and standards. The provider had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.
- Where required, the service involved healthcare professionals to ensure they were working in line with best practice and to ensure individual needs were met safely.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff received support through induction, training and supervision. There were systems in place to ensure newly employed staff were inducted appropriately. Staff completed an induction programme which included shadowing more experienced staff. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge and skills current.
- The provider had a programme of training in place to ensure staff had the necessary skills to support people. Training records showed staff had completed necessary training which included safeguarding adults and children, Mental Capacity Act, infection control and manual handling.
- Staff were supported by management and there were arrangements for regular supervision and on site spot checks. They told us that management were supportive, and teamwork was good. One member of staff told us, "Training is fine. It is comprehensive. We have had refresher training recently."
- The provider had a comprehensive competency assessment system in place. Staff were required to complete an in-depth assessment which ensured that they had the appropriate knowledge and skills to provide care to people. The registered manager explained that a registered nurse carried out competency checks of staff as part of the induction. This was to ensure that care staff were able to provide care for those complex specialities that people needed.

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

- At the time of this inspection, the provider did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs and preferences.

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

- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed or identified need.
- The provider worked effectively with other agencies and health professionals to ensure people received effective care. We obtained positive feedback from health professionals and no concerns were raised. One health care professional told us, "I found Nutrix Homecare agency to be reliable and the communication with them is good, as they always reply to emails in a timely manner. The agency ensures that they attend professional's meetings and provide updates."
- Care staff gave examples of how well they knew the people they supported which enabled them to immediately notice changes in people's health and access the appropriate support when required.
- Staff maintained detailed daily records of people's health and well-being. This meant that the care staff team and people's relatives could work together to ensure people received effective care and support.

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 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.

- Children under 16 years old can give consent for themselves if they are judged to be capable of making the decision. If children under 16 years is judged competent and refuses treatment, this can be overruled by a person with Parental Responsibility, if the doctors think that is in their best interests.
- Staff received training in understanding the MCA legislation and its implications for children and people. Training records confirmed this.
- Where people lacked capacity to make specific decisions, the person's representative signed to confirm their involvement in the care planning process on their behalf.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves.

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

- Feedback from relatives about the care and support that their family member received was positive. One relative told us, "The carer is kind, friendly and compassionate."
- Care staff described how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One care staff explained, "I really love caring for [person]. The [person's relative] is very welcoming and appreciates what we are doing. They are a nice kind warm family. It is not just about supporting [person] but also the family."
- People's diverse needs, as defined under the Equality Act 2010, were respected. For example, religious and cultural needs had been documented in care plans and staff were aware of these.
- People received care from the same care workers. There was consistency and continuity with the level of care people received.

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

- Relatives confirmed that they had been involved throughout the whole care planning and delivery process which enabled them to ensure their family member received care that met their needs. One relative told us, "They keep me informed of what is going on. I am involved very much."
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Care staff we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Relatives stated with confidence that care staff were always respectful of people's privacy and dignity.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

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's care plans were person centred and focused on their care, medical and social needs and how they wished to be supported.
- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences.
- People's and children's' needs were reviewed regularly with their relatives, and their care plans updated to reflect changes in their needs and how they wanted staff to provide care to them.
- Staff told us the registered manager communicated with them regularly about people's changing needs and the support they required.
- Relatives told us care staff had got to know their family member and made a point of knowing what their family member's likes and dislikes were. One relative told us, "The carer is really knowledgeable. She knows what she is doing."

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.

- Care support plans contained information which showed how they communicated and how staff should communicate with them.
- There was an AIS policy in place. The provider was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements. Records of complaints detailed the nature of the complaint and the actions taken to resolve the concerns.
- Feedback we obtained indicated that management were approachable and people felt able to raise concerns. One relative said, "[The registered manager] and management are responsive. They really do listen."

End of life care and support

- At the time of the inspection, no one received end of life care from the service. The registered manager told us that currently the service did not support people who required palliative care but were prepared to do so if required.

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 that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives and care professionals commended the care and support provided by the agency and the way in which the service was managed. From the feedback received we were assured that people were in receipt of a service which was person-centred and inclusive.
- Care staff spoke highly of the overall management systems in place, stating they felt confident and empowered to approach management at any time and were well supported in their role. One care staff told us, "You can always speak to someone at the agency. Some agencies don't listen. Here they listen. They are always accommodating. The agency is open and always support us. That is a bonus. I have been doing care for a long time and worked with different agencies. We really do get support here. I am really happy with how they support us."
- Staff told us they enjoyed working at this service and felt valued. They were provided with a variety of tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment. One care staff told us, "The morale is positive among staff. It is good here. "
- The registered manager spoke passionately about the service they provided and how they wished to progress and expand with focus on ensuring the provision of good quality and safe care.
- The service had a positive culture. All feedback we obtained was positive about the agency and said that there was good communication. When asked about management of the service, they spoke positively about how the service was operating. One care professional told us, "I am pleased to work with this agency and would recommend for them to work with other families."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and care staff had a clear understanding of their roles and how they each contributed to the safe running of the service.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Staff performance was monitored through regular one to one supervision and spot checks. Staff understood their roles and responsibilities, were motivated and had confidence in the registered manager.
- Systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at aspects of the service. The provider carried out quality checks with people which included satisfaction calls and spot checks of staff. The provider also carried out checks of records which included staff recruitment, care records, MARs and

staff punctuality. We noted that some audits were not tailored specifically to the service. We discussed this with the registered manager who confirmed that he would ensure that these were amended so that they enabled the service to more effectively monitor all area of the service.

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

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong. Records confirmed this.
- Where required, the registered manager was also aware of their responsibility of informing the CQC and other agencies where specific incidents had taken place or allegations of abuse had been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had a hands-on approach and was in regular contact with relatives. Relatives confirmed this and stated the registered manager was always approachable and engaging. One relative told us, "[The registered manager] regularly asks for feedback. I like the flexibility here. If we need to change hours, they listen and accommodate."
- The registered manager told us that their level of contact with people meant they were able to monitor the quality of care delivered and where improvements were required implement these immediately.
- The registered manager also asked relatives to complete satisfaction surveys so that they had the opportunity to formalise their feedback about the quality of care they received.
- Due to the small staff team, formal staff meetings were not implemented as a way of communicating with staff. However, this did not impact on the effectiveness of communication and information exchange. Other methods of communication used included telephone calls, supervisions and emails. Staff spoke positively about communication in the agency.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals.