

Niche Care Limited

Niche Care Ltd

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:

Niche Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to over 150 people.

People's experience of using this service:

We found that people received a good service. The provider ensured care was delivered in a safe way, and had introduced a range of systems since the last inspection to ensure care was monitored effectively.

People told us they felt the staff were caring, and said they received care in a way which suited them. One person said: "They're all smashing, nothing to grumble about at all."

Staff received training which they told us equipped them for their roles, and also told us the induction they received was effective. Most staff held a nationally recognised qualification in care.

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

Staff told us the management team were supportive and understanding of their own personal circumstances.

We found the provider was complying with the principles of the Mental Capacity Act, and people had given consent to their care and support.

More information is in the full report

Rating at last inspection:

Requires Improvement. The report was published on 16 August 2018.

Why we inspected:

We had received concerning information about the service from staff and a relative of a person using the service, although at the inspection we found the provider had addressed these concerns.

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 ●

Niche Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type: Domiciliary care agency.

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 48 hours' notice of the inspection visit because We needed to be sure that the registered manager would be available

Inspection site visit activity started on 14 February 2019 and ended on 21 February 2019. We visited the office location on 14 February 2019 to see the registered manager and staff; and to review care records and policies and procedures.

What we did:

- We reviewed notifications we received from the service
- We reviewed information we received prior to the inspection from people using the service, their relatives and care staff.

- We looked at eight people's care records
- We looked at records of accidents, incidents and complaints
- We looked at audits and quality assurance reports
- We spoke with six people using the service.
- We spoke with three members of staff.
- We spoke with the registered manager and the operations manager.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- Staff told us they had received safeguarding training, and the provider's training records confirmed this.
- Notifications submitted by the provider to CQC showed that they had responded appropriately to allegations of abuse, accidents and incidents.

Assessing risk, safety monitoring and management

- Each person's file showed that a risk assessment had been completed before they began to receive care. This considered risks they may present or were vulnerable to. They were regularly updated to ensure they were fit for purpose.
- Management records showed people's risk assessments were monitored as part of the audit system, and shortfalls were identified and addressed

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- All staff had a Disclosure and Barring Service (DBS) check before they commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff told us there were sufficient staff in each team, and records showed people usually received care from a consistent staff team

Using medicines safely

- The provider had made considerable improvements since the last inspection in relation to the safe management of medicines.
- Each person's file showed they had a clear and accurate record of any medication that staff were required to support them in receiving.
- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.

- Members of the provider's quality team monitored the electronic system which logged medication administration, and contacted staff whenever the system showed medicines as not being administered.

Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- Staff told us personal protective equipment (PPE) such as gloves and aprons were available to them.
- The spot check system, whereby managers carry out checks on staff as they undertake care visits, showed checks included whether the staff were correctly using PPE

Learning lessons when things go wrong

- The registered manager described how lessons were learned from untoward incidents, accidents and complaints.
- We saw evidence of this analysis, including records of staff supervisions and meetings to discuss and improve practice, and action plans being implemented to reduce the risk of reoccurrence of untoward incidents.

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

Good: 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 preferences were assessed prior to them receiving care
- Staff we spoke with told us they had time to familiarise themselves with people's needs before providing care.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law

Staff support: induction, training, skills and experience

- Staff told us they received a good standard of induction before they commenced work
- Two staff told us they had not worked in care before, but following their induction and shadowing visits, they felt equipped to carry out their role
- Staff praised the standard of training they received. One staff member described the provider's trainer as "fantastic."
- The provider's records showed that staff received a good standard of training, and all held a nationally recognised qualification in social care.

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

- There were details in each person's care file, where appropriate, of their needs in relation to nutrition and hydration.
- The provider had monitoring systems in place to ensure accurate records were maintained of the food and drink people were provided with.
- People's care records showed that staff were preparing and supporting them with food and drink they had told the provider they preferred.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good knowledge of the healthcare needs of the people they supported.
- Staff knew when to contact outside assistance. People's care records supported this.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA

- We found the provider had made improvements in the way it obtained and evidenced people's consent to their care.
- Staff we asked were able to tell us about the importance of obtaining consent when providing care tasks, and had received training in relation to this.
- In most of the files we checked, people had signed to show they consented to their care.
- In a small number of cases, people's electronic care records did not have the person's signature as they were not comfortable signing on a screen; they had signed earlier, paper care records.
- We raised this with the management team who told us they would implement a paper workaround for people who were not comfortable with the IT to ensure they could evidence the person had given consent to receiving care.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care packages were devised. Their cultural backgrounds and religious needs had been recorded and we saw, where required, care packages had been designed around this
- Staff had received training in care standards, including equality and diversity, as part of a nationally recognised qualification.
- People told us they felt staff treated them well and upheld their rights.

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

- People told us they had been involved in making decisions about their care. One person said: "Yes they asked me all about what I wanted, and that's what they do."
- When managers carried out spot checks on people's care calls, they asked the person for their input and views about how their care was being delivered.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they felt treating people with dignity and respecting their privacy was an underpinning aspect of their role.
- One staff member told us: "We all really do care, I'd recommend Niche to family members, and have done in the past. I wouldn't work here if I didn't think they were caring."
- When managers carried out spot checks of care visits, they checked whether the staff member was upholding the person's privacy and dignity; there were prompts in relation to this in each person's care plan.

Is the service responsive?

Our findings

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Staff we spoke with could describe how they ensured they promoted choice when caring for people, and gave us examples of this.
- Care records demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits they obtained the input of people using the service

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- We checked the complaints the provider had received in the preceding six months. We found that each complaint had been thoroughly investigated by the registered manager.
- Some complaints, where appropriate, resulted in meetings between the complainant and the provider to reach agreed outcomes.
- Where complaints were vague in nature, the registered manager held meetings with all staff involved to discuss best practice and their roles
- All complainants received written outcomes after each investigation.
- There were records showing complaints were analysed for themes and patterns, and evidence of improvements being implemented where identified.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- One staff member we spoke with told us they predominantly provided end of life support. They described how end of life care needed to be highly personalised and how they needed to fully understand the needs of the people they were supporting
- We saw evidence of thank you cards from the families of people the service had provided end of life care to, expressing their gratitude for the standard of care their relative had received.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that care was tailored to people's individual needs, and had systems in place to monitor the quality of this.
- Care was audited by means of spot checks of care visits and audits of documentation. Actions were taken where shortfalls or areas for improvement were identified.
- Since the last inspection, the provider had recruited a team of staff whose responsibilities were monitoring the quality of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a good understanding of their roles and responsibilities.
- The registered manager and operations manager were knowledgeable about regulatory requirements and their responsibility in ensuring they were complied with.

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

- The provider was visible in the community, in particular in supporting charity events and fundraising.
- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by senior management.
- Staff told us they felt supported by the provider, although several told us they found it difficult at times to contact the office.

Continuous learning and improving care

- At the last inspection we identified areas for improvement in the way the service was run, particularly in relation to medication, consent and governance. The provider responded robustly to this, recruiting to new roles within the service and investing in new systems. These have resulted in measurable improvements at

the service which improved care.

- The registered manager and operations manager were able to describe improvements planned for the near future, working with their IT partners to make their monitoring systems easier for staff to use, improve the way they could manage teams.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.