Nissi Business Solutions Ltd

Nissi Care Solutions

Inspection report

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Tel: 01793915030

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 October 2016. The inspection was announced.

Nissi Care Solutions provides personal care to people with a range of conditions, living in their own homes. At the time of our inspection there were 73 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely and we could not be sure people were receiving their medicines as prescribed.

The registered manager and staff were not clear about their responsibilities in relation to supporting people in line with the Mental Capacity Act 2005.

The provider had not sent in notifications to the Care Quality Commission (CQC) of events they were required to tell us about by law.

Systems were not in place to assess, monitor and improve the service.

People were supported by staff who understood their responsibilities to identify and report safeguarding concerns. Where risks associated with the support people required were identified there were plans in place to manage the risks.

There were sufficient staff to meet people's needs and people benefited from a consistent staff group. This enabled staff to develop caring, positive relationships with people. People were positive about the support they received and the caring approach of staff. Staff spoke respectfully when speaking about people. We heard supportive conversations between staff and relatives.

Staff had the skills and knowledge to meet people's needs. Staff were positive about the support they

received and felt valued and listened to.

People were supported to access health and social care professionals when needed. Management and staff were responsive to people's changing needs.

People were confident to raise any concerns with the registered manager and felt they would be dealt with in an appropriate manner.

The registered manager was working to improve the care plan system and was aware of the need to make further improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely. Medicine records were not always accurately completed.

Staff understood their responsibilities to identify and report concerns relating to the abuse of vulnerable peoples.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported in line with the principles of the Mental Capacity Act 2005.

Staff were supported through supervision and training to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health professionals. The registered manager and staff worked closely with health professionals to ensure changes to their condition were responded to.

Is the service caring?

Good

The service was caring.

Staff understood the importance of building caring relationships.

People's choices were respected and people were involved in decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were assessed prior to accessing the service and care plans detailed how care needs would be met.

People's changing needs were responded to in a timely manner.

Complaints had been resolved in line with the organisations complaints policy. People knew how to make a complaint and were confident to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not submitted statutory notifications in relation to safeguarding concerns.

Systems in place to monitor and improve the service were not effective

The management promoted a caring culture that valued people.

Nissi Care Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a Provider Information Return (PIR). This 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. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people and three relatives. We also spoke with the registered manager, care co-ordinator and four care staff. We sought feedback from two social care professionals.

We looked at seven people's care records, six staff files and records relating to the management of the service.

Following the inspection we spoke to two health and social care professionals.

Requires Improvement

Our findings

Medicines were not always managed safely. People's Medicine administration records (MAR) did not always contain accurate information relating to the administration requirements of specific medicines. For example, one person was prescribed a medicine to be taken weekly. The medicine required the person to take the medicine at a specific time and to maintain a specific position following the administration. This information was not documented on the MAR. We spoke to the registered manager who told us the details would be on the dispensed medicine. However, this was not in line with the organisations medicine policy which required all details to be written on the MAR. We could not be sure this person's medicine had been administered as prescribed.

People's MAR were not always fully completed. For example, one person's MAR had not been signed to confirm the person had received their medicine as prescribed. The person's daily record for that date showed the person had received their care call. However we could not be sure the person had received their medicine as prescribed. We spoke to the registered manager who told us they would investigate the issue.

One person was being supported with a prescribed pain relieving medicine which was administered by a patch applied to the skin. The medicine was administered every 72 hours. The MAR did not detail where the patch had been applied and there was no process in place to record the removal of the used patch. We could not be sure this medicine was being administered as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a recruitment policy and procedures in place. Recruitment records showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks. However, we found three staff recruitment files contained only one reference. This was not in line with the providers recruitment policy. We spoke to the registered manager who told us they would take immediate steps to obtain the missing references.

People told us they felt safe. When asked if they felt safe with the care staff the person said, "Yes of course I do, otherwise I wouldn't have them in the house". Another person told us, "I do actually, to be honest I am happy when I see them coming". Relatives were confident people were safe when being supported by the service. The provider had a safeguarding policy and procedure in place. We saw safeguarding concerns that had been alerted to the provider had been investigated and appropriate action taken. The provider had

worked closely with the local authority safeguarding team to ensure people were safe.

Staff had completed safeguarding training. Staff understood their responsibilities to identify and report concerns relating to abuse. Staff were able to explain the indicators of the different types of abuse. One member of staff told us, "I would report to the manager straight away. There is a number on the office door for the local authority and [manager] is always reminding us what to do".

People and relatives told us care staff usually arrived on time. One person told us "Occasionally they are a bit late". People and relatives told us they were notified if staff were going to be late. One person told us, "Yes they usually ring up if they are going to be late. They always ring up". Where people required the support of two care workers to meet their needs people told us this always happened and that the staff arrived together. One relative told us, "I have to say I am impressed with their efficiency and what is remarkable they send two carers who both arrive at the same time".

The registered manager completed the scheduling of care calls on a daily basis and rotas were sent out to staff by email each afternoon. There was no system in place to monitor for late or missed visits. However the registered manager told us that people were supported by consistent care staff who would be aware if people were not on the rota's they received. No one we spoke with had experienced a missed visit.

Staff told us they received their rotas daily and they felt the system worked well. Staff said if they were running late they would call the office who would notify the person of the delay.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Risk assessments included risks associated with: mobility; moving and handling; nutrition and pressure damage. For example, one person's risk assessment relating to transferring identified the support of two carers and a hoist was needed to transfer the person safely. Where people were assessed as at risk of pressure damage, care plans detailed the equipment in place to minimise the risk. Staff we spoke with were aware of the risk assessments and the support people required to manage the risk.

Requires Improvement

Our findings

The registered manager did not have a clear understanding of the Mental Capacity Act 2005 (MCA). 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. The registered manager was not aware of their responsibility to complete capacity assessments for people who may lack capacity to make specific decisions. Where people had a legal representative who was able to make decisions on a person's behalf the registered manager had not clarified the decisions the representative could legally make. For example, the registered manager had not identified if people had appointed lasting power of attorney for decisions relating to their health and welfare.

People were not always supported in line with the principles of MCA. People's care plans did not contain capacity assessments where there were indications the person may lack capacity to make a specific decision. Where decisions were made on people's behalf, there was no capacity assessment to identify whether the person had capacity to make the decision and no record of a best interest process being followed. For example, one person was at risk of not taking their medicines as prescribed. The registered manager had arranged for a locked safe to be provided to secure the medicines and ensure the person could not access them. There was no capacity assessment relating to whether the person had capacity to consent to this decision and no record of a best interest process being followed to ensure the decision was in the person's best interest.

Not all staff had completed training in relation to the MCA and how it impacts on their role. Staff who had completed training were not always clear about the impact of the MCA on the way they supported people who may lack capacity.

This was breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were mostly complimentary about the skills and knowledge of care staff supporting them. People felt the newer staff were sometimes lacking in skills. Comments included: "Some of the carers are not as skilled as others. Some ladies are absolute wizards, they are very good" and "Not always [knowledgeable], if they are new staff". However, one person with complex needs was confident staff had the skills and knowledge to meet their needs. The person told us of times care staff had supported and encouraged them through difficult times. One relative of a person with complex needs told us, "I am really

pleased with the care, we cannot fault them".

New staff completed an induction programme which was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. New staff were positive about the induction programme and felt confident in their role before working alone. One member of staff told us, "I did my induction training now I'm shadowing. The training covered the 15 standards of the care certificate. I can shadow until I feel confident".

Staff completed training which included: moving and handling; first aid; safeguarding; dementia care and medicines. Staff had access to development opportunities which included national qualifications in social and health care. Staff told us training was effective and they could request additional training if they felt it was necessary. Staff knew people well and were clear on how to meet people's needs.

Staff felt supported through regular supervision. Staff had supervision with the registered manager in line with the provider's supervision policy. Staff told us supervisions were useful. One member of staff told us, "Supervision is very useful. We talk about what we are experiencing, personal issues. [Registered manager] is very supportive".

People were positive about the support they received to meet their dietary requirements. One person told us how patient and supportive staff were when the person was feeling nauseous and reluctant to eat.

People's care plans contained details of any specific dietary requirement and how people's nutritional needs should be met. For example, one person's care plan identified the person required tier food to be cut into small pieces and for their chair to be tilted back when drinking to aid swallowing. Staff we spoke with were aware of how to meet this person's dietary needs.

People were supported to access health professionals. One relative told us the provider worked closely with a range of health professionals which included district nurse, GP, occupational therapist and specialist teams associated with the person's condition. Where guidance had been given by health professionals we saw this had been followed. For example, one person required support with specific dietary requirements and the care plan reflected the guidance given by the speech and language therapist.

Good

Our findings

People told us staff were caring. Comments included, "They always look after us so well"; "They are really lovely people" and "More so, they are like our little family. We are so blessed we have a lovely team".

Relatives felt staff had a caring approach and built caring relationships with people. One relative told us staff had a "nice relationship" with the person and they would often hear the person and staff having "a laugh and a joke". Another relative was positive about the approach of the staff and described how one member of staff could be heard singing as they walked up the person's drive. This reassured the relative that staff enjoyed their job.

Social care professionals told us they had received positive feedback from people about the care staff supporting them. One social care professional told us, "All the service users praise the carers. I have been working with them (provider) for one year and I have never had any problems".

Staff had a caring approach to the people they supported. One member of staff said, "We have continuity which is important to build caring relationships. That's important; we have a laugh with them".

During the inspection we heard staff speaking with people on the telephone. They were reassuring and responsive to people's concerns. One relative had become distressed on the telephone due to confusion about a person's discharge from hospital. The registered manager was extremely supportive and spent time contacting health and social care professionals to clarify the situation and then reassured the relative.

People told us they were treated with dignity and respect. One person said, "In a year I have never had anything negative said to me". Relatives were confident that people were always treated with dignity and respect.

Staff told us how they respected people's choices and ensured they were treated with dignity. One member of staff described how they waited outside the bathroom to provide the person some privacy and to encourage their independence.

People told us they were included in decisions about their care and staff explained what was going to happen before they supported the person. One person said, "Oh yes they always ask". One person described how staff always asked them what clothes they would like to wear and would get them out the night before they were needed as they knew this was what the parson preferred.

People told us their preference for male or female staff was respected.

Good

Our findings

People were assessed prior to using the service. These assessments plus an assessment from the commissioning body were used to develop people's care plans.

The printed copies of care plans in the office were not always up to date. However, the care coordinator showed us the most recent copies which were available electronically. The electronic copies contained up to date information. Staff we spoke with were knowledgeable about people's current needs and confirmed that the up to date information was available in people's homes. We spoke to the registered manager about the out of date printed care plans. The registered manager told us they were implementing a new system and had not printed the up to date information as they were concentrating on populating the new care plan system.

People's care plans detailed the support people required to meet their needs. This included support to maintain personal hygiene and support related to specific health conditions. Care plans encouraged independence and detailed what people were able to do for themselves. For example, one person's care plan stated, "[Person] is independent with shaving and dental care".

Care plans contained information relating to people's preferred names. Not all care plans contained information in relation to people's likes, dislikes and personal histories. However, staff we spoke with knew this information about the people they supported. The registered manager told us this information was included in the new care plan format.

Care plans were reviewed six monthly or more often if required. Some people we spoke with had been involved in reviews and others told us they were comfortable to call the office if they had any concerns in relation to their care needs.

The service was responsive to people's changing needs. People told us that any requests for support or changes to support needs were responded to and action taken. One relative told us how the service was working with them and the commissioning body to review the care visits to better suit the person's needs. It was clear the staff and relative worked closely together to manage changes in the person's condition and ensure their needs were met.

Relatives told us the service was responsive and supportive when issues arose. One relative told us how helpful staff had been when a person's hoist was not working. Staff supported the relative to contact the

manufacturer and helped to resolve the situation.

Social care professionals told us the service was responsive to people's changing needs and acted in a timely manner to contact them if needed.

People told us staff would support them with activities where there was time. One person told us staff would sometimes read with them. Another person told us how a member of staff had supported them to go outside into the sunshine as they had been feeling unwell. The person told us the effort made by the member of staff was really appreciated and said, "For those 15 minutes it was marvellous".

People and relatives knew how to make a complaint and were confident to do so. One person told us they had made a complaint in the past and it had been responded to and resolved to their satisfaction.

The provider had a complaints policy and procedure in place. All complaints received had been investigated and resolved. There were clear records of all complaints received.

Requires Improvement

Our findings

The provider had no auditing systems in place to monitor the service. This meant there were no systems in place to identify the issues we found during our inspection.

There was no system in place to monitor missed or late care calls. One safeguarding alert had identified a person experienced two missed visits. Following the concern the provider had trialled a new scheduling system but this had not been successful and they had reverted to the original system. This meant people were still at risk of missed visits.

There was no system in place to monitor accidents and incidents to identify trends and patterns in order to assess, monitor and reduce the risk of further incidents.

The provider had carried out a quality survey in January 2016. On the day of our inspection the provider was unable to locate the survey responses. Following the inspection the registered manager provided the survey responses. However, there was no action taken as a result of the survey to address identified issues.

The registered manager held regular team meetings. A copy of the agenda and who had attended was kept on record. However, there was no record of what was discussed under each agenda item and no record of any actions to be taken as a result of the meetings.

The system for monitoring information relating to the recruitment of staff was not effective. Three staff files contained only one reference, this was not in line with the providers recruitment policy. This omission had not been identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager about the issues identified. The registered manager recognised the need to improve systems and was in the process of implementing a new electronic care plan system which would improve the information available to staff and enable better monitoring of care calls. The registered manager was committed to improving and had recognised the need for increased management support and was actively recruiting a second care-coordinator.

The provider had not sent in notifications to CQC in relation to the safeguarding concerns raised with the

service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

People and relatives were complimentary about the management of the service and told us the service was well-managed. One person said "If they carry on as they are we shall be quite happy".

The registered manager promoted a caring culture that valued and respected people, relatives, staff and professionals. People told us the registered manager ensured that the 'right staff' were recruited. One person said, "I really think [registered manager] has chosen her staff really well". People told us how they felt the registered manager matched staff to people to ensure they got on well.

Social care professionals told us the service was well-managed. Comments included; "They are very professional. We always get precise, detailed feedback when we contact them" and "[Registered manager] is very knowledgeable. She knows everyone in her head. Always very detailed when we ask for information".

Staff were extremely positive about the management. Comments included: "It is a great company. Communication is fantastic. They care where they are going in the future"; "It is such a good company to work for. The management are always there for us and always listen"; "I love it here because the manager treats everyone like family"; "[Registered manager] is very supportive. If things go wrong she is kind and supportive" and "[Registered manager] cares about every one of us. I have never been so supported before".

The service had recently celebrated its fourth birthday. The staff had organised a surprise party for the registered manager. It was clear when speaking with the registered manager that they had been overwhelmed by the thought and kindness shown by staff. This demonstrated the caring, family culture promoted throughout the service.

The registered manager had taken opportunities to develop their management skills and had recently completed their Level 5 Diploma in Leadership for Health & Social Care.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person. Staff were not familiar with the principles and codes of practice associated with Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively. Systems were not in place to assess, monitor and improve the quality of the service.