

NSF Health Ltd.

NSF Health

Inspection report

No 5 Church Road
St. Marks
Cheltenham
GL51 7AN

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28 August 2019
30 August 2019

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10 October 2019

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

NSF Health is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 40 people at the time of the inspection

Not everyone who used the service received 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. All of the people supported by NSF Health were receiving personal care from the service.

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

People received their medicines as prescribed. Care staff kept an accurate record of when people had received their medicines.

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff who arrived on time supported people and stayed for the designated amount of time to deliver the care and support people required.

Each person had an informative care plan which was used as guidance for staff. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks.

People views on the service were sought. People told us the management was approachable and felt confident in their ability to complain. Regular staff team meetings took place. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the registered manager and senior carers. The registered manager and staff were passionate about the care they delivered and were driven to improve the service.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager monitored the delivery of care through staff observations and feedback from people. They were reviewing and embedding the systems they used to monitor the quality and effectiveness of the service such as implementing one simplified over-arching quality assurance audit.

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

Rating at last inspection

This service was registered with us on 13/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

NSF Health

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

This inspection was carried out by one inspector.

Service and service type

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

The service 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. 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.

Inspection activity started on 28 August 2019 and ended on 30 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included four people's care and medication records. We looked at six staff files in relation to recruitment and staff supervision. We spoke with two people and two relatives after the inspection to gain feedback about the service they received. We also received feedback from two staff members and spoke to the local authority safeguarding team as part of our inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

- All the people and relatives we spoke with told us they felt people were safe. One relative said, "The staff are excellent. I never need to worry."
- Staff received training on safeguarding adults and were knowledgeable about the identifying abuse and the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care and contact details for reporting a safeguarding concern were available. One staff member said, "I would ring safeguarding if I had a concern."

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for moving and handling, and safe management of eating and choking if required. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. One person had a bespoke risk assessment as they were at risk of dehydration. Risk assessments had been reviewed on a regular basis. One staff member told us people's risk assessments were assessed and updated.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered manager told us staffing levels were based on people's presenting needs. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels. The service had a consistent staff team and were not using any agency carers at the time of our inspection.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "The staff team are good so far, it's still early days but I'm impressed, they are on mostly on time, but if they are running late they always phone or text."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- People and their relatives told us they received their medicines as prescribed.
- Staff were trained to handle medicines in a safe way. They completed a competency assessment every

year to evidence they had maintained their knowledge and skills.

- Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the registered managers observations of staff.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. We were told that all records of incidents were reviewed by the registered manager and prompt actions would be taken such as additional staff training and a review of people care needs to reduce the risk of repeat 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.

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

- The registered manager and/or provider carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of providing person centred care and support.
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated.

Staff support: induction, training, skills and experience

- Staff had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member we spoke to said, "I feel listened to and supported, I enjoy working here."
- People's needs were met by care staff that had access to the training they needed. One member of staff told us, "I get loads of training. It's very good."
- All new staff were required to complete an induction programmes including shadowing their colleagues during support visits until the staff member was assessed as competent to work independently. Staff were required to complete the Care Certificate (a nationally recognised set of care standards) to ensure that staff had the minimum required skills to support people with their personal care.

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

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to attend their appointments if required.
- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems.

Supporting people to live healthier lives, access healthcare services and support

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence. People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to a dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking.
- Staff knew people's preferences and choices for their meals and were aware of people's individual 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). People and their relatives told us they were always informed of the care being provided or given choices about the support they received. Assessments were carried out when people's capacity to consent was in question. Mental capacity assessments informed risk assessments and support plans, to ensure people were supported in the least restrictive way. People's support plans described what decisions they could make for themselves and what they needed support with. One person who lacked mental capacity in assisting with their administration of medication required a best interest decision.

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 received care from staff who were kind and who knew them well. One person said, "The staff are great." Relatives also praised the staff and told us the staff were kind. One relative told us, "The carers are doing a fabulous job, they are attentive and sympathetic to [The person's] needs."
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. People and their relatives confirmed that they were fully involved in decisions about their care and daily support."

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

- People and their relatives told us they were fully involved in conversations relating to making decisions about their care and support. This was during the initial assessment of their needs and continued at frequent intervals or when needs changed. For example, one person had an accident the week prior to our inspection so the service was providing extra care and support for this person as this was what they and their relatives had requested until extra funding was available.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, relatives told us that staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence. One person required one short visit each day for staff to prompt the person to take their medication. The registered manager told us it was important for this person to remain as independent as possible living in their own home.
- People and their relatives told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. For example, people told us how staff would ensure doors and curtains were closed when supporting people with personal care. One staff member told us, "We have allocated time slots for people's visits, but its mostly manageable. We have the time to talk to people and are not rushed when providing personal care."

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.

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.

- People's communication needs were assessed and recorded. For example, people's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs. One person had memory and speech problems, and this was clearly documented in their care plan and guidance for care staff was available on how to communicate with them. Daily notes were available in people's homes for people and relatives to see what tasks the carers had done at each visit and any important information was recorded for the next carers at the next visit.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions, queries or concerns.

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

- People received personalised care from staff who knew them well. One person told us staff knew their daily routines and how they liked things to be done, in a certain way. For example; one person liked their phone to be placed near them and the door closed. People told us staff were reliable, flexible and they were supported by the same staff team. This enabled staff to get to know people and their needs well.
- An assessment of people's needs was carried out before a service was provided. The registered manager told us people's needs were monitored by staff and the registered manager.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families.
- Copies of people's care plans were held securely in the provider's office and in people's own homes so that all staff including on call staff always had access to people's care records.

Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. The provider had held a team meeting for all care staff in February 2019 and complaints were discussed. The provider told all care staff, 'The value of complaints is not always negative but something that help us introspect and understand our service users better. The serious of the complaint is not for us to judge. The complaint must be taken seriously even if it is against us or the family members.'
- We reviewed the complaints file and identified that complaints were investigated, and action taken in line

with the provider's policy. There had been 11 complaints/concerns since February 2019, with many of these being low-level concerns and the registered manager told us they encouraged concerns and complaints as they could learn from them. The registered manager had responded to complainants with their findings of their investigations and provided an apology and explanation.

End of life care and support

- Appropriate policies and best practice guidance was in place for staff to follow. However, staff were not supporting anyone with active end of life care at the time of our visit.
- Staff had received training around end of life care and support.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was positive. People, their relatives and a family friend told us their experience of using the service was positive and they were happy with the care and support provided.
- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly. The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.
- The people, relatives and staff we spoke with, praised the impact of the registered manager on the service. One staff member told us they felt able to ask for more support hours for one person who's medical needs had changed. Staff told us the registered manager had an open-door policy and was available to support staff at any time. The staff we spoke with told us morale was good amongst the staff and the strong leadership from the registered manager was a contributing factor to this.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences.

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

- The registered undertook regular spot checks to observe the care and support provided by staff. Observations of practice recorded aspects of service delivery such as staff interactions with people, person centred care and practical skills.
- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events. The registered manager used online forums to discuss new ideas and learn from others.

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

- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Staff understood how to escalate their concerns and felt comfortable to do so. Staff told us that staff meetings took place on a regular basis and they felt supported by the registered

manager. Staff told us they registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.

Continuous learning and improving care

- The service worked openly and in partnership with other care providers and community agencies including commissioners and safeguarding teams. Records demonstrated the registered manager regularly met with commissioners when people's needs changed, or any concerns arose. The registered manager told us they had built strong relationships with commissioners and was proud of that achievement as they were a fairly new company.
- Quality assurance surveys had been sent to people and relatives most of the results received were positive. People used phrases such as; '5/5' and 'Great' and 'Perfect'. Where results showed people were not always satisfied, action was taken by the management team to resolve any negative feedback.
- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions identified were completed. The registered manager monitored people's calls and timings of their calls until an electronic system was installed by the local authority. We received no concerns about missed or late calls from people, relatives or staff during our inspection. The registered manager was completing separate audits of these areas but showed us a revised over-arching audit which would be implemented on a monthly basis covering all relevant areas so that patterns or trends could be identified.

Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people.