

Niche Care Limited

Niche Care Cheshire East

Inspection report

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18 November 2021

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Niche Care Cheshire East is a domiciliary care agency. It provides personal care to adults with a range of support needs in their own homes in the Cheshire East area. 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. At the time of this inspection 23 people were receiving support with personal care.

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

Following the last inspection the new provider had not effectively embedded monitoring and auditing systems. Issues in relation to staff recruitment checks, staff competency checks and supervisions, information within care plans, as well as effective quality assurance systems were identified at this inspection.

The provider had identified areas for improvement and had started to work on these. There were some governance systems in place, however these had not effectively identified or addressed issues in timely way.

There was a relatively new management team in place, who had undertaken significant work over the past few weeks to make improvements. New systems and procedures to monitor the quality of the service needed to be fully embedded and the provider needed to demonstrate improvements would be sustained.

Improvements were required in relation to staff support and supervision. The provider was unable to clearly demonstrate all staff had received the required supervisions, appraisals and competency checks. The new management team had recently started to take action to address this.

The provider had experienced significant staffing pressures due to staff leaving and sickness, at times impacting on the timing and length of planned calls. The local authority were temporarily supporting the provider and the number of people being supported had been reduced, until they were able to recruit more staff. The provider was actively recruiting for new staff.

We received some positive feedback about the care and support people received. However, there remained mixed views about the timings of care calls and consistency of staff. Some people felt unsettled by recent staff changes.

Following audits, gaps had been found in records relating to robust recruitment procedures being followed. The provider was acting on this. A process was being implemented to ensure systems were more robust in future.

Since the last inspection improvements had been made in relation to the safe management of medicines. The management team were still in the process of undertaking staff competency checks for administering

medication.

Staff understood their responsibility to identify and report any safeguarding concerns. People were protected from the risk of infection.

Care plans included risk assessments and guidance about measures to minimise the risk. The manager was in the process of undertaking reviews with each person who used the service, including care plans and risk assessments.

People told us staff sought their consent before providing care. Staff had some understanding of the MCA and confirmed they were required to record when consent was obtained. Clearer information was required within a person's care plan to demonstrate that relevant decisions had been made in line with the person's consent or the Mental Capacity Act (MCA) if required.

The provider was working in partnership with others such as the local authority to improve the service.

The provider and the new management team demonstrated their commitment to making the necessary improvements to achieve good outcomes for people.

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 last rating for this service was requires improvement (published 2 March 2021). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

We met with the new provider and they completed an action plan to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the new provider was in breach of two regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the safe management of the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions of safe, effective and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same and is rated as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Niche Care, Cheshire East on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We have identified breaches in relation to staff supervision and

competency checks and quality assurance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an updated action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Niche Care Cheshire East

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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. There was an acting manager in place as the registered manager was currently on an extended period of leave.

Notice of inspection

We gave the service over 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 November 2021 and ended on 23 November 2021. We visited the office location on 15 November 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the regional manager, branch manager, director of compliance and five care staff.

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

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found improvements were needed in relation to medication administration, ensuring sufficient gaps between medicines and staff competency checks.
- Staff had received training in medication administration. However, managers were still in the process of ensuring all staff had received checks/supervision to confirm they were competent to administer medication safely.
- The provider used electronic medication administration records. The branch manager confirmed calls were spaced out to allow enough time between medication administration and medication records had started to be audited more regularly.
- Medication risk assessments were now in place for all people who required them.
- Guidance for staff had now been put in place for where people were prescribed "as and when" medication.

Staffing and recruitment

- People told us there had been a number of staff changes and they did not always know who to expect. One person told us, "This is the thing, you don't know who's coming and when, I've asked (branch manager) to send the rota so I know who is coming and at what time." A relative commented, "There's been a lot of change recently, one carer left, there's a couple that still come. There's a new one but they seem to be nice."
- The provider had experienced significant staffing pressures due to staff leaving and sickness, at times impacting on the timing and length of planned calls. The local authority were temporarily supporting the provider and reduced the amount of people the provider was supporting until they were able to recruit more staff.
- The provider was actively trying to recruit staff. They had implemented a new staff role to provide a first response to cover emergency staff absences. Managers were also available to support with calls as part of their contingency plans.
- Following recent internal and external audits, the provider had reviewed all staff files to address missing

information, required to evidence robust recruitment procedures. Some staff had previously transferred from another agency and records had been stored in different places.

- We found some gaps remained in relation to a staff member's employment history and the verification of an employer reference. The manager confirmed a new system was being implemented to sign off and audit future recruitment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was an electronic call monitoring system in place. The management team, with support from the local authority had recently taken action to ensure rotas were better planned, including enough travel time and were monitored more closely.
- Care plans included risk assessments and guidance about measures to minimise the risk, including any environmental risks. The branch manager was in the process of undertaking reviews with each person who used the service, including care plans and risk assessments.
- There was a system for staff to report any accident or incidents via a reporting form. However, managers had identified that staff had not been following procedures to report any incidents. Staff have now been reminded of the requirements. We were advised that future incidents will be analysed on a regular basis to identify any themes or trends.
- There was a recent example following an incident where senior leaders had learnt lessons and made changes to improve systems in response.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to identify and report any safeguarding concerns.
- Overall people were positive about the staff who supported them and the approach they took.
- The provider had a safeguarding policy and there was a system in place to record of any safeguarding concerns reported to the local authority.
- During the inspection we identified an issue in relation to a missed care call, which had been reviewed by the branch manager. However, we asked the branch manager to ensure this was also referred to the local authority following local procedures.

Preventing and controlling infection

- People were protected from the risk of infection. Following feedback shared from the local authority, the management team had recently carried out individual staff competency checks to ensure the correct use of Personal Protective Equipment (PPE).
- People confirmed staff washed their hands and wore PPE when providing support.
- The provider had policies in place for infection prevention and control.
- The provider had a system in place to ensure staff followed the current government guidance in relation to regular testing for COVID-19.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had the right skills, knowledge and experience to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Previously the provider was unable to evidence all staff had demonstrated the required levels of competency to carry out their roles. There were gaps in records relating to staff checks, such as for medicine administration and supervisions.
- Staff feedback about competency checks and supervision meetings varied, they told us, "I've not had any spot checks since being with Niche. They have been going around doing competency checks, they've not got to me yet." and "About six months ago I had a check, they have done a spot check last week. I'm due a supervision."
- Following a recent internal audit and visit by the local authority, the new management team had started to take action to ensure all staff had received a field observation check and supervision meetings were in progress. However, since the last inspection the provider was unable to clearly demonstrate all staff had received the required supervisions, appraisals and competency checks.
- Four staff were overdue annual refresher training and this had been arranged to take place in December 2021.

The provider had failed to ensure all staff had the right skills, knowledge and experience to carry out their role. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- New staff undertook an induction which led to the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in social care. Staff confirmed they had received induction training which included face to face training and shadowing. The provider employed internal training staff.

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.

At the previous inspection we made a recommendation that the provider followed current MCA guidance and ensured staff were fully competent to undertake capacity assessments and best interest decisions in line with the act. The provider had made some improvements, however further improvements were required.

- Consent to care was considered and recorded within people's care plans. Each person had a "Capacity and consent profile", some of these had recently completed as part of people's reviews which were being undertaken.
- People told us staff sought their consent before providing care. Staff had some understanding of the MCA and confirmed they were required to record when consent was obtained within people's records.
- The provider's auditing systems had identified that in some cases capacity assessments and best interest decisions needed to be recorded and the branch manager advised these were in progress.
- Clearer information was required within a person's care plan to demonstrate that relevant decisions had been made in line with the person's consent or the MCA if required. We discussed this with the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Assessments of people's needs had been carried out. The management team had undertaken recent work to ensure everyone they supported received a review and had a current care plan in place. Care plans took into account people's aims and goals.
- Staff told us they had access to enough information about people's needs and choices through the electronic care plans.
- Where people required support with eating and drinking, nutritional risk assessments and management plans were in place. Details were included in their care plans, including their likes and dislikes.

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

- Managers told us there were plans in place to review care planning documentation to ensure all separate and relevant information, such as guidelines for "as and when" medicines, were all kept together and easily accessible to people and staff.
- Care plans included information about people's health conditions and how it impacted on them.
- Where necessary staff supported people to access healthcare services or other support services.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems to assess, monitor and improve the quality and safety of the service were not sufficiently effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The current provider had taken some recent action to address areas identified for improvement. Improvements relating to medicines management had been made. However, since the last inspection the new provider had not effectively embedded monitoring and auditing systems. Issues in relation to staff recruitment checks, staff competency checks and supervisions, information within care plans, as well as effective quality assurance systems were identified at this inspection.
- Following a contract monitoring visit, the local authority had recently issued the provider with an action plan to improve aspects of the service. They had also supported the service to manage staffing issues, as well as to reorganise and monitor care calls more effectively.
- The service had been impacted by wider staffing shortages and sickness. There had been several changes within the management team. The registered manager was currently on an extended period of planned absence. A new acting branch manager, regional manager and quality director had been recruited. They had undertaken a significant amount of work in the past few weeks.
- Following an internal audit undertaken in September 2021, the provider had identified areas for improvement and had started to work on these. There were some governance systems in place, however these had not effectively identified or addressed issues in timely way.
- The new branch manager's induction in relation to the use of scheduling systems needed to be more robust, which the provider acknowledged and had acted upon.
- The regional manager was introducing new audits and other reporting systems in relation to recruitment, staff support, and call monitoring were being strengthened. Any staff performance issues were now being addressed. New systems and procedures to monitor the quality of the service needed to be fully embedded and the provider needed to demonstrate improvements would be sustained.

Systems to assess, monitor and improve the quality and safety of the service were not fully effective. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff views varied, some told us morale was low due to management changes and staffing shortages which impacted on good outcomes for people. Others felt there had been staffing difficulties, but they were supported by the new management team.
- The branch manager was working to improve relationships and communication; team meetings were now being reintroduced.
- We received some positive feedback about the care and support people received. However, there remained mixed views about the timings of care calls and consistency of staff. Some people felt unsettled by recent staff changes. People felt able to contact the office if they had any concerns or issues.
- The provider had some systems to seek feedback, but these had not been fully implemented. Over the last few weeks, the new branch manager had taken action to engage with people more effectively. They were in the process of carrying out reviews with all the people they supported. Any issues identified from these reviews were being addressed.
- A satisfaction survey had been sent out to people in July 21 and results indicated most people were satisfied with the service provided.
- The provider was working in partnership with others such as the local authority to improve 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: Continuous learning and improving care

- The provider and management team were open about the pressures the service had faced, specific issues which had impacted on them and areas they had started to address.
- The provider had learnt lessons, for example following a recent issue relating to the on-call system and made changes to ensure someone from the senior management team would always be available to provide support outside of office hours.
- The provider and the new management team demonstrated their commitment to making the necessary improvements to achieve good outcomes for people.
- The branch manager was aware of their responsibilities for reporting to the CQC and the regulatory requirements. The provider had their latest CQC rating on display on their website, as legally required.

This section is primarily information for the provider

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure all staff had the right skills, knowledge and experience to carry out their role.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems to assess, monitor and improve the quality and safety of the service were not fully effective.