

Niche Care Limited

Niche Care Kirklees

Inspection report

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18 July 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Niche Care Kirklees is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 27 people using the service.

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

Risks to people were effectively assessed and managed. Medicines were managed safely. Accidents and incidents were reported, and people were safeguarded from the risk of abuse.

Safe recruitment procedures were in place and there were enough staff to meet people's needs. Systems and processes were in place to support effective infection prevention and control.

The provider engaged with people and staff and acted upon feedback. People spoke positively about the care and support they received.

The manager was open and honest when things went wrong, and lessons learned were shared with staff. Quality assurance processes were effective in monitoring the service and making improvements.

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 inadequate (published 08 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 18 October 2022 and 14 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to 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 Kirklees on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Niche Care Kirklees

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

Niche Care Kirklees is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post and was in the process of registering.

Notice of inspection

We gave the service 24 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 18 July 2023 and ended on 01 August 2023. We visited the location's office on 18 July 2023.

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, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who use the service and 1 relative about their experience of the care provided. We spoke with 7 staff members including the manager, the regional manager and care staff.

A range of records were reviewed including 3 people's care records and 5 people's medication records. We looked at 3 staff files in relation to recruitment. We reviewed records relating to health and safety and the management of the service, including policies and procedures, quality assurance records and improvement plans.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection systems were not in place to demonstrate risks to people, in relation to medicines, were effectively managed, placing them at risk of harm. This was a breach of regulation 12 (1) (2) 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.

- Medicines were managed and administered safely. Policies were in place to support this.
- Staff received training regarding medicines management and had their competency checked. Where issues were identified, action was taken to make improvements.
- People received their medicines as prescribed. One person told us, "They come mostly to make sure I have had my medication. I've never had a problem with this since they started."
- Medication administration records were complete, and guidance was in place for the administration of 'as and when required' medicines.
- Medication audits were effective in identifying errors and improving the standard of medicines management.

Learning lessons when things go wrong

At our last inspection systems were either not in place or robust enough to demonstrate lessons were learnt. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) 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 17.

- Systems and processes were in place to identify and share lessons learned following accidents, incidents and complaints.
- Accidents and incidents were reported, monitored and investigated. Lessons learned were shared with staff during staff meetings and supervision. One staff member told us, "We discuss lessons learned and we have a folder so we can go back to them."
- Progress of identified actions was monitored via internal governance processes.

Staffing and recruitment

At our last inspection systems were not in place to demonstrate staffing levels were safely managed. This placed people at risk of harm. This was a breach of regulation 18 (1) 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 18.

- There were enough staff to meet people's needs. There was a process in place to cover staff absence and ensure people received their allocated calls.
- People told us they were supported by consistent staff who they had developed positive relationships with. One person told us, "I have to say the individual carers are marvellous. Their individual skills are very good. I see them all as an extension of our family."
- Improvements had been made regarding staff staying the allocated time for care calls. The provider had recently implemented a new system which aimed to accurately reflect travel times for staff and improve punctuality of calls.
- Staff were recruited safely. Appropriate checks, including Disclosure and Barring Service (DBS) checks, were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were not in place to demonstrate people were protected from the risk of abuse. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) 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 17.

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training. They were aware of their responsibilities to protect people and report concerns immediately.
- The manager had oversight of safeguarding incidents. Outcomes and lessons learned were shared with staff to inform improvements.
- The manager was aware of when and how to make safeguarding referrals to the appropriate agencies, for example, the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people's health were safely assessed, monitored and managed.
- People had care plans and risk assessments in place. These were reflective of people's individual needs and risks.
- Care records were easily accessible to staff and contained detailed guidance to enable them to support people safely.
- The provider had contingency plans in place to be used as required, for example, a business continuity plan.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Relevant policies were in place to support this.
- Staff had access to appropriate Personal Protective Equipment (PPE).

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) 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 17.

- Quality assurance systems and processes were in place to monitor and improve the service.
- The provider had made improvements to the service following the last inspection. A new electronic system had been implemented to support this and was in the process of being fully embedded.
- The manager maintained good oversight of the service. Regular audits were completed, and action plans implemented where areas for improvement had been identified. These were monitored and updated regularly.
- The provider submitted appropriate notifications about significant events that happened within the service, for example, safeguarding concerns were reported to the local authority and CQC.

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

At our last inspection the service did not adequately engage with staff and people who use the service. This was a breach of regulation 17 (1) (2) 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 17.

- Systems and processes were in place to support engagement with people, relatives and staff. For example, via surveys, meetings and supervision.
- The provider acted on feedback received and used this to make improvements. One person told us, "I had

a complaint, and it was dealt with to my satisfaction." In addition, 1 staff member told us, "When I told them they resolved my issue quickly."

- The manager and staff promoted a positive, open and person-centred culture at the service. People and relatives gave positive feedback about staff and the support they received. Feedback included, "Overall they offer a great service. We really value them and count our blessings," "They brighten up the day, it is good that they come," and "I have some exceptional carers. They help me. Nothing is too much trouble for them."
- People felt able to approach the manager if they had any concerns. Feedback included, "I call [the manager] with any problems or complaints they're very good to me" and "[The manager] is approachable I just call."
- Staff enjoyed their role and felt supported. Comments included, "I love my job. The manager is supportive" and "It's managed well. I enjoy my job. I am supported."

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; Working in partnership with others

- The manager understood their responsibilities under the duty of candour and was open and honest when accidents and incidents occurred.
- The service worked in partnership with other agencies to meet people's needs, for example, district nurses and GP's.