Niche Care Limited

Niche Care North Tyneside

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Niche Care North Tyneside provides personal care to adults living in their own homes. At the time of the inspection 63 people were receiving support.

People's experience of using this service and what we found
The service was not always well led. Effective systems were not fully in place to monitor quality and deliver service improvements. In addition, an effective system to ensure all notifications were submitted to the CQC in a timely manner was not in place. The failure to notify the CQC of incidents in line with legal requirements meant there had been no overview by CQC to check whether the appropriate actions had always been taken.

A robust system to ensure people were protected from the risk of abuse was not in place. Concerns and allegations had not been reported to the local authority in line with safeguarding thresholds which exposed people to a risk of harm. Medicine administration records did not always demonstrate medicines had been administered to people as prescribed.

Safe infection control systems and procedures were not in place to ensure people were protected from the risk of infection. Government guidance in relation to safe working practices for the wearing and removal of PPE was not always followed by staff.

Risk assessments and care plans varied in the amount of detail they contained, and some sections of records were blank. Some care plans did not provide enough information to guide staff in the actions to take to deliver support. Action had not always been taken by staff to report concerns to the appropriate healthcare professional for people with specific health conditions. Environmental risk assessments were in place to assess any risks in the home environment.

Recruitment was generally safe. However, some recruitment checks had not always been thoroughly completed. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We received mixed feedback from staff regarding feeling supported at work. Training the provider had deemed mandatory was delivered to staff. Most training completed by staff were e-learning courses. Some staff said they would prefer to receive face to face training as they felt this was more beneficial for learning.

The registered manager told us systems were in place to obtain feedback from people and their relatives. We saw documentation which evidenced investigations had been undertaken in response to complaints. However, no records of the complaints received were available.

People and their relatives were complimentary about staff. However, we received mixed feedback from staff about the caring attitudes of the whole staff team.

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

Rating at last inspection
This service was registered with us on 11/10/2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about people receiving safe care and treatment and the management oversight at the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from the risk of harm, receiving and acting on complaints and the overall governance of the service. In addition, we also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 namely, Notification of other incidents. We have dealt with this matter outside of the inspection process.

Follow up
We will request an action plan for 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Niche Care North Tyneside

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

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
This inspection was unannounced.

Inspection activity started on 25 February 2021 and ended on 4 March 2021. We visited the office location on 25 February, 3 and 4 March 2021.

What we did before the inspection
We reviewed information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included care records for eight people and multiple medicines records. We looked at recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with the nominated individual of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the local authority to share details of our inspection findings.

Requires Improvement

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 requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- An effective system to protect people from the risk of abuse was not in place.
- We identified several safeguarding concerns which had not been reported to the appropriate authorities. We shared our findings with the local authority safeguarding team for their knowledge and potential investigation.

The providers failure to ensure effective systems were in place to identify and respond to allegations of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us they had enrolled on safeguarding training provided by the local authority to improve their knowledge and understanding of safeguarding systems.

Assessing risk, safety monitoring and management

- Some risks had been identified. However, records lacked detail and actions to minimise and manage these risks were not always recorded.
- Specific risks relating to the COVID-19 virus had not been assessed and documented. For example, increased risks to those with underlying health conditions.
- One risk assessment viewed contained contradictory information regarding the measures in place. We brought this to the attention of the registered manager who told us they would rectify this immediately.

The providers failure to properly assess, monitor and mitigate risks to the health and safety of people was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Preventing and controlling infection

- People were not always protected from the risk of infection. Some staff did not always follow government guidance in relation to wearing the necessary PPE.
- Staff were unable to describe the correct procedure for wearing and removing PPE. This is important as PPE is only effective if worn properly and put on and taken off safely.
- There were gaps in the knowledge of staff of how to safely dispose of used PPE in line with government guidance.
- Policies and procedures linked to infection control had not been updated to reflect COVID-19 and the

changes in government guidance throughout the pandemic.

The provider's failure to ensure infection control policies and procedures were up to date and followed by staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection the provider wrote to us to share a comprehensive action plan to detail the actions taken in response to the IPC concerns seen during the inspection.
● Sufficient stocks of PPE were available for staff use.
● Systems were in place at the office base to monitor any visitor for symptoms of COVID-19.

Using medicines safely
● Audits had identified some medicine errors had occurred. Action had not always been taken to report these to the local authority in line with safeguarding thresholds.
● There were gaps in some medicine administration records [MAR], which meant it was unclear if people had received their prescribed medicine or not.
● Systems for the administration of controlled drugs were not clear. The providers policy for this stated two staff must be present to administer controlled drugs. However, we viewed documentation which showed there were occasions where one staff member had administered controlled drugs.

The providers failure to ensure medicine policies and procedures were clear and records well maintained contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Care plans were in place for people who required support with medicines. Records detailed the support staff were required to provide.

Staffing and recruitment
● There were enough staff employed to meet people's needs. However, we received feedback staff did not always stay the full time period for support calls. They either arrived earlier or later than specified in the care plan. Staff told us they were allocated five minutes travel time between calls and this was not always enough time to travel from one location to the next.
● Disclosure and barring service (DBS) checks were completed for staff. However, some staff commenced employment at the service before their DBS check had been returned. We brought this to the attention of the registered manager who told us risk assessments were in place for any member of staff working without a DBS. These staff did not work unsupervised until a valid DBS check was in place.
● Recruitment checks were completed to assess the suitability of candidates. This included gathering references from previous employers and assessing any gaps in employment. We reviewed one staff file where an employment gap had not been considered during the recruitment process.

We recommend the provider reviews their recruitment process to consider current best practice guidance on employing fit and proper persons.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed.
● The registered manager told us systems were in place to review and discuss any accident or incident with staff to try and prevent any future reoccurrences.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Assessments of people's needs had been completed. However, care plans lacked detail to guide staff in the actions to take in all situations and some sections of records were blank.
- Some staff raised concerns regarding relevant information being shared with the appropriate health professionals. We viewed documentation for one person which detailed there was an on-going issue with the management of their skin integrity. Records did not demonstrate the actions staff had taken to address this and evidenced they had not consistently recorded any deterioration or passed the information to the relevant healthcare professional.

The failure to ensure care records were well maintained contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Supervision was provided to staff. However, we received mixed feedback from staff regarding feeling supported at work. One staff said, "We do get regular supervision and we have team meetings too. Because of COVID-19 the team meetings are a bit different though." Another staff told us, "The office staff have certain favourites in the staff team and our concerns are not listened to."
- Training the provider had deemed mandatory was provided to staff. In addition, staff completed the care certificate training. The care certificate sets out the skills, knowledge and expectations of staff in care-based roles.
- Not all staff gave positive feedback about the training provided. One staff said, "Training is e-learning and it's not engaging. It's just quizzes at the end of a power point presentation."
- Some staff raised concerns regarding the competency of staff in relation to moving and handling and administration of medicines. We brought this to the attention of the provider who told us they would commence an investigation into these concerns.
- Newly recruited staff completed an induction programme before they provided individual support to people. The structure of the induction programme had been altered due to the COVID-19 pandemic. This included newly recruited staff working alongside more experienced staff for shadow shifts to learn from colleagues.

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

● People were supported with their nutritional and hydration needs. Care records included information of the support staff needed to provide to meet people's dietary requirements.

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.
● The registered manager was aware of the MCA and told us no one using the service was subject to any restrictions placed upon them by the Court of Protection.
● Care plans demonstrated capacity was considered as part of the assessment process. We viewed documentation for one person which detailed a restriction was in place. We brought this to the attention of the registered manager who told us this had been arranged by the person's family and social worker. The registered manager told us they would update their care records to evidence this decision had been made in the person's best interests.

Requires Improvement

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback from staff about the caring attitudes of the whole staff team. One staff said, "I don't think all the staff are caring, they don't take the time to get to know people." In addition, we viewed records during the inspection which confirmed investigations had been completed by the registered manager in response to concerns about the behaviours and attitudes of some staff.
- The registered manager told us systems were in place to monitor staff's engagement with people. The registered manager said, "I have been out with the care workers and have personally seen the person-centred care staff deliver to our service users."
- People we spoke with told us staff treated them with kindness and care and relatives confirmed this. One person said, "I love the carers coming. They are the only people I might see all day and they are always nice." A relative told us, "My Mam completely adores the carers. She loves the lasses [staff]."

Respecting and promoting people's privacy, dignity and independence

- The confidentiality of people was not always maintained. We viewed documentation during the inspection which confirmed the registered manager had investigated and acted when concerns had been raised about maintaining confidentiality.
- Staff described respectful ways in which they worked to protect the privacy and dignity of people they supported. This included dignified ways in which they supported people with their personal care.
- People told us staff treated them with dignity and respect and relatives confirmed this. One person said, "The carers are lovely girls. They do really well with making you at ease. It was a lot for me to take on, [receiving personal care]. They respect my dignity throughout the process."
- People told us staff encouraged them to be independent. One person told us, "Nothing seems to be a problem. If I ask for anything they [staff] are really happy to do it. They encourage me to do what I can for myself."

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

- Care plans demonstrated people had been involved in making decisions about their care and support. However, one staff member told us staff did not always take the time to speak with people. They said, "I do think the company have good carers but for some staff I think it's about how quickly they can do a call and I know some service users would like staff to sit and chat to them."
- Systems were in place to gather information from people prior to them receiving support and to monitor the support provided. The registered manager said, "We always speak to service users directly to complete telephone review and quality reviews. We ask people how they are finding things [support provided]."

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- An effective complaints system was not in place. We received feedback from one relative. They had raised a complaint which had not been responded to.
- We reviewed documentation during the inspection which evidenced investigations had been undertaken in response to complaints. However, there were no records of complaints being made or of the actions taken to respond to the complainant.

The providers failure to ensure their complaints policy was followed by staff was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Systems were not fully in place to plan people's care. Care plans contained limited amounts of person-centred information about people's needs and preferences.
- Care plans were not detailed enough to record the support people required with specific tasks. For example, we viewed one care plan which recorded the person required full assistance with personal care. There was no detail recorded to explain what 'full assistance' meant and how staff should deliver the support.

The providers failure to ensure care records were fully completed to reflect the support people required was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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.

- The registered manager told us people's communication needs were assessed and people were provided with information about the AIS. Where required information would be provided to people in alternative formats.
- Technology was used to share information with people. For example, people and their relatives could log on to the services electronic care system to view records and staff rotas. However, one relative told us they had contacted the service to raise concerns as records showed care tasks had not been performed by staff. This relative said the service told them this was due to a problem with the electronic system.

End of life care and support

- No one using the service was receiving end of life care and support at the time of the inspection. Staff told us they had previously provided this supported and felt it was especially important to support people during this time. One staff said, "It is quite rewarding to provide end of life care, we get close to people."
- Records did not demonstrate staff had received training for end of life care.

Requires Improvement

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 requires improvement. 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; Continuous learning and improving care

- A range of audits were completed to monitor quality at the service. They had failed to identify the issues we found during our inspection.
- Some audits identified recurring themes. For example, we viewed several documents which highlighted staff were not staying at calls for the required duration. Records did not demonstrate this information had been shared with the local authority or action had been taken to prevent this reoccurring.
- Following gaps in MARs records a thorough review of medicines management had not been undertaken to assist the service identify if there was a systematic cause for these errors.

The providers failure to ensure effective quality monitoring systems were in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- An effective system to ensure statutory notifications were submitted to CQC in line with legal requirements was not in place. This meant CQC did not have oversight of all incidents to make sure appropriate actions had been taken.

The failure to inform CQC of notifiable events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. This is being followed up outside of the inspection process and we will report on any action once it is complete.

- Systems were in place to share information with the staff team. The registered manager told us they were proud of working at the service and of building a good team of staff who worked together and supported each other.

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

- Following our visit we attended a safeguarding meeting with the local authority. At this meeting staff shared information regarding the circumstances of an event which contradicted documentation we had viewed as part of the inspection. This was not in line with the principles of working in an open and transparent way.

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

characteristics; Working in partnership with others

● There were missed opportunities to respond to feedback when complaints or concerns had been raised with the service. One relative told us, "The office staff don't deal with your issues. I have phoned up quite a bit and not for silly things. If I get told they don't know I think they should be finding out."

● Systems were not in place to share information with relevant authorities. For example, information of a safeguarding nature had not been passed to the relevant professionals.

● The provider used surveys to gather the views of relevant stakeholders.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager told us the key values of the service were linked to people. The identified values included, person centred care, equality, achieving people's outcomes, pride, listening and everyone counts.

● Records demonstrated people had been involved in making decisions about their care. One person said, "They'll [staff] do anything I ask them."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not operated effectively to safeguard people from the risk of abuse. Safeguarding policies and procedures were not always followed when safeguarding allegations had been made. Regulation 13 (1)(2)(3)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints An effective system to receive and act on complaints was not in place. Regulation 16 (1)(2).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not in place to ensure compliance with the regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety. The provider failed to ensure the service was assessed and monitored to improve quality and safety. Regulation 17 (1)(2)(a)(b)(c)(e)(f)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure care and support was provided in a safe way. There was a failure to properly assess, monitor and mitigate risks to the health and safety of people. Systems were not in place to assess, prevent or control the risk of spreading infections. Staff were not following government guidance introduced to prevent the spread of infection during the Covid-19 pandemic. Regulation 12 (1)(2)(a)(b)(h)

The enforcement action we took:

We issued a Warning Notice.