Nikee Healthcare Services Ltd

Nikee Healthcare Services

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 13 November 2018. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with the provider of the service and the registered manager. This is the service's first inspection since their registration.

Nikee Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, with a learning disability or autistic spectrum disorder, mental health condition, physical disability, sensory impairment, older people, people who misuse drugs and alcohol, people with an eating disorder, and younger adults.

Not everyone using Nikee Healthcare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, only two people were in receipt of personal care and support.

Both people had been receiving personal care for less than four months. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics for inadequate, requires improvement, good and outstanding ratings at this inspection.

There was a registered manager in place. However, the nominated individual who is also the owner of the service told us that the current registered manager was in the process of deregistering with us and that the nominated individual would apply to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to help ensure people's safety, and that they were safeguarded against avoidable harm and abuse. The management understood their responsibility in ensuring people's safety by reducing risks associated with people's health, mobility, care and support needs, and reporting any safeguarding concerns to the local safeguarding authority and to CQC.

People's needs were assessed before they started using the service to ensure they could be met effectively. The provider involved people and their relatives where requested in the needs assessment and the care planning process.

People's care needs were met in accordance with their agreed care plan. Staff were given information that enabled them to provide personalised care.

Suitable and sufficient staff were recruited to meet people's needs safely. Staff were provided with regular training. The provider had systems in place to provide staff with one to one supervision to enable them to provide effective care.

Staff were trained in equality and diversity. The provider encouraged lesbian, gay, bisexual and transgender people to use the service. Staff told us they treated people equally.

People knew how to raise concerns and make a complaint.

The provider had quality assurance systems in place to assess, monitor and evaluate the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

A person and a relative told us staff provided safe care.

The provider had policies and procedures in place to safeguard people against harm and abuse, and ensure their safety. Risks to people's needs were identified, assessed and mitigated.

Suitable and sufficient staff were recruited to meet people's needs safely.

Medicines were administered appropriately.

Staff followed safe infection control procedures to prevent the spread of infection.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

A person and a relative told us their needs were met.

People's needs were assessed before they started to use the service to ensure those needs could be met. Staff received regular training and people were given maximum choice over their care. There were systems in place to ensure staff received regular supervision and annual appraisal.

Is the service caring?

Inspected but not rated

We did not have sufficient information to rate whether the service was caring.

A person and a relative told us staff were caring and treated them with dignity and respect.

The provider had systems in place that involved people and their relatives in the care planning process. Staff were trained in privacy and dignity. People's confidential information was securely stored and was only accessed by authorised staff.

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate the responsiveness of the service.

People's care plans detailed their individual needs, abilities, likes and dislikes. Staff were knowledgeable about people's personalised needs. Staff were trained in equality and diversity. Lesbian, gay, bisexual and transgender people were encouraged to use the service.

The provider had an appropriate complaints policy in place. There were systems in place to support people with end of life care needs.

Is the service well-led?

Inspected but not rated

We did not have sufficient information to rate whether the service was well-led.

A person and a relative told us they were happy with the service and found the management approachable.

Staff told us they felt supported. The provider understood their responsibilities to notify us of incidents as required by law. There were relevant and in date policies and procedures in place to help ensure effective management of the service. The provider had quality assurance system in place to ensure the safety and quality of the service.

Nikee Healthcare Services

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 13 November 2018 and was announced. We gave the provider 48 hours' notice of our visit to ensure the registered manager was available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We had not received any statutory notifications because no events had occurred that the provider needed to tell us about. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the office we spoke with the nominated individual. A nominated individual is someone who has been nominated by the provider to manage the service in the absence of the registered manager. We reviewed two people's care plans and daily records so we could see how their care and support was planned and delivered. We also reviewed three staff files including their recruitment, training and supervision records, and records related to the management of the regulated activity.

Following our inspection visit, we spoke to one person and a relative, and two staff. We reviewed documents provided to us after the inspection. Some of these included policies and procedures, updated care plans and risk assessments.

Inspected but not rated

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The provider had measures in place to ensure people's safety, but as only two people used the service for less than four months, there was not sufficient evidence to demonstrate the effectiveness of these measures.

The person who used the service told us they felt safe with staff. They said, "I trust [staff member] and feel safe with her." A relative commented, "Oh yes, I would say [person who used the service] is safe with [staff]."

The provider was aware of their responsibilities to ensure people were safeguarded against harm and abuse. The nominated individual commented, "It is basically protecting vulnerable people from abuse, making sure they are safe and protected. I would contact the social services regarding any concerns, would have to complete the safeguarding referral form. I would also like to carry out my own investigation and keep records of it, of any follow up actions and outcomes. I will notify the CQC."

Staff were trained in safeguarding procedures and demonstrated a good understanding of how to identify and report any concerns, abuse, poor care or neglect. Staff comments included, "To make sure [person who used the service] is safe from harm and abuse. Make sure there are no hazards such as floors are clear of any trip hazards, hob is turned off. If I notice any concerns or signs of abuse I will let the office know and if the manager doesn't do anything about it then I would contact the social services" and "Make sure the client [person who used the service] I am looking after is safe from any kind of abuse and harm. If I notice any kind of abuse I have to report it to [nominated individual]. If nothing done about it, I would contact the safeguarding team in the council. The numbers are in [person who used the service] folder." Staff knew the provider's safeguarding policy and procedures, and the role of external agencies in keeping people safe. There had been no safeguarding incidents in relation to people who used the service, but they understood their obligation to report any concerns to the local safeguarding authority and to the CQC.

The provider identified, assessed and mitigated risks to people's health, care and mobility needs. The provider carried out environmental risk assessments to ensure people's home was safe for them to live in and staff to work at. We reviewed both people's risk assessments and found they were individualised. They were for areas such as personal care, moving and handling, falls, infection control, and medication. The risk assessment gave information to staff on how to support people safely with their needs. However, there was not sufficient instructions for staff on how to support people safely with their health conditions such as diabetes and swallowing difficulties.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to risk assessment.

A person and a relative told us staff were reliable and generally arrived on time. One person said, "[Staff member] comes on time, never late. Never had a missed call." A relative commented, "Timekeeping has been fine, no issues with that." Daily records showed staff arrived on time and stayed throughout the care visit time and on occasions longer than the agreed time. The nominated individual told us as there were

only two people receiving care they did not maintain staff rotas. They further said they had staff rota template in place that they would use if they had more people to support. Staff we spoke with were able to tell us the care visit times. They told us they had sufficient time to travel and that they did not feel rushed.

The provider had sufficient staff to meet people's needs safely. The nominated individual told us if there was a staff emergency they would step in and carry out the care visit. The nominated individual was an experienced and trained care worker.

The provider followed safe recruitment procedures to ensure suitable staff were working with people at risk. Staff files had application forms, interview notes, reference, criminal and identity checks and evidence to confirm staff had the right to work in this country. We reviewed three staff files and they had all the necessary paperwork in place to ensure they were safe to work with people who were vulnerable.

The provider had procedures in place for safe medicines management. A person and a relative told us they were satisfied with the way staff supported them with their medicines and that they received them on time. At the time of our visit, two people were being supported to take their medicines. We reviewed their medicines administration record (MAR) charts and found that they were not in line with the National Institute for Health and Care Excellence (NICE) guidelines. We asked the nominated individual about this and they told us they had updated their MAR chart so that they were as per the NICE guidelines. Following the inspection, the provider sent us the updated MAR chart template and it met the NICE guidelines.

Staff were trained in medicines administration and records confirmed this. Staff were knowledgeable about how to administer medicines safely. The provider understood any training to support people with their medicines would need to be updated regularly. They told us they assessed the competency of staff to give medicines safely before they were allowed to administer medicines.

Staff were trained in infection control and were knowledgeable about the safe infection control practices. People told us staff wore appropriate protective equipment when supporting them. One relative said, "[Staff] do wear gloves and dispose them off safely."

The provider had an accident and incident policy and procedure in place to ensure appropriate actions were taken when things went wrong and lessons were learnt to minimise future occurrence. Staff were required to complete an accident and incident form and contact the provider for advice and next action. The provider told us learning from accidents and incidents would be shared with staff via team meetings and one to one supervision to prevent the risk of similar events happening again. There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

Inspected but not rated

Is the service effective?

Our findings

We did not have sufficient evidence to rate the effectiveness of the service. The provider had systems in place to ensure people's needs were assessed and met, staff were provided with sufficient training and supervision to their job well, and people were given maximum choice over their care. However, there was not enough evidence to demonstrate the effectiveness of these measures.

A person told us their needs were met. They said, "[Staff member] is very good. Yes, my needs are met. She helps me with bathing, dressing and undressing, changes my bed, cleans my floor, makes breakfast and cooks for me." A relative commented, "Staff are quite knowledgeable about care. They were aware of my [person who used the service] needs before they started supporting him. They do their best within the time funded by the local authority."

The provider assessed people's needs before they started using the service to ensure they could meet people's needs. The provider met with the person, their relative and any other professionals involved in the person's care to discuss their physical, medical and care needs, abilities, daily routines and how they wanted to be supported. Records confirmed this.

Staff were trained by an external trainer who provided a detailed induction training and there was a refresher training programme in place to ensure staff were appropriately trained to meet people's individual needs effectively. They had also introduced the Care Certificate training for staff. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

Staff told us the training was good and helpful. They said, "It is good. When I started, [external trainer] gave me training in areas such as medicines, safeguarding, health and safety, moving and handling. Yes, I feel confident in my job. Before I started supporting [person who used the service] the manager gave me induction at the [person who used the service] house on how to support him" and "[Training] is good. Yes, definitely feel confident in my job. They trained me for two weeks. Before I started working I shadowed [existing staff member]." The training matrix and staff training records showed staff were provided with all the relevant training required to meet people's individual needs.

The provider had procedures in place to provide staff with one to one supervision. The provider had scheduled future supervision sessions with staff and we reviewed a supervision record for one staff member who had been working for four months. The staff member confirmed they had received a one to one supervision session and found it helpful. The provider had an appraisal system in place that they would use when staff had completed one year with them.

A person and a relative told us staff provided appropriate support in relation to their nutrition and hydration needs. One person said, "[Staff member] makes porridge for me as per my liking. I like it a lot. Makes me tea." People's care plans gave information on their dietary needs and risks associated to their dietary needs. Staff comments included, "[Person who used the service] doesn't take sugar due to being diabetic. The family prepares food, we give him choice and warm up the cooked meals."

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

People who used the service had capacity to make day to day decisions therefore we were unable to assess whether the provider's systems to support people who lacked capacity were effective.

People said staff gave them choices and asked their permission. A person said, "[Staff member] does ask before helping me and gives me choices." The nominated individual and staff we spoke with understood their responsibilities around consent and encouraged people to make decisions regarding their care and treatment. Staff comments included, "Definitely give choices. [Person who used the service] knows what she wants to eat and drink, and she chooses. She chooses her own clothes" and "We ask [person who used the service] if he wants a shower or a bed wash. When doing exercises, we ask him if he wants music on, as he enjoys it. I show him different fruits and he chooses what he wants to eat."

The provider had systems in place to assist people to access healthcare services where this was requested. People's care plans included the relevant healthcare professionals' contact details. However, people who used the service had not requested that support.

Inspected but not rated

Is the service caring?

Our findings

The provider involved people in the care planning process, trained staff in dignity and privacy, and had systems in place that enabled staff to build trusting relationships with people. However, we were unable to rate this key question as the service had only recently started supporting two people.

We received positive feedback from a person and a relative in relation to staff's caring attitude. The person said, "[Staff member] is very helpful. Oh yes, she listens to me. She is very very caring." A relative commented, "[Person who used the service] is very grateful for the support staff provides. [Staff] would knock on the door and introduce themselves, engage him in conversations to get to know him and his preferences."

The management and staff spoke about people in a caring way. People told us staff treated them with dignity and respect. One person said, "[Staff member] does treat me with dignity and respect." A relative commented, "[Staff] are respectful of the personal space. Ask if they should keep their shoes on. They do not enter other rooms, it is the family home after all. [Staff member] is amazing." Staff gave examples of how they ensured people's dignity and privacy were maintained. Their comments included, "Bathroom door needs to be closed, we prompt [person who used the service] politely to use the toilet, explain how we are going to support. I go with his pace, we cannot rush him. Sometimes we finish later than the agreed time but we make sure we don't rush" and "After I arrive, I ask [person who used the service] how she is feeling, whether she slept well, we have a conversation. She likes to take her time, I never rush her. I respect her wishes."

The provider told us continuity of care was important to them and people we spoke with confirmed they were supported by the same team of staff. One person said, "[Staff member] is the only carer who supports me. I have always had her." A person who was supported by two staff on each care visit, their relative commented, "Since we started using the service, a team of three staff has been supporting [person who used the service]." Staff told us they had been supporting the same people since they started working with the provider and enabled them to understand people's needs and form positive relationships. The daily care logs confirmed they were being supported by the same team of staff.

People and their relatives where necessary were involved in the care planning process and the person and a relative we spoke with confirmed that. A person said, "Oh yes, I was involved in my care plan." One relative commented, "Of course, [I] was part of the care planning process."

The provider asked people regarding their cultural and spiritual needs, and these were recorded in their care plans. Staff we spoke with knew people's cultural and spiritual needs. One staff member said, "[Person who used the service] listens to a [religious] channel on radio after his breakfast. We make sure he has had his breakfast for the time the show comes on."

People were encouraged to remain as independent as possible. A person said, "Yes, [staff member] does encourage and support me to remain independent such as when making breakfast." Staff gave examples of

how they encouraged and assisted people to be independent wherever possible. Their comments included, "We encourage [person who used the service] to eat by himself even if it is just two spoonsful as it helps with hand dexterity" and "[Person who used the service] likes doing most of her personal care and I help her with cleaning her back."

The provider stored people's confidential, sensitive and personal information safely and securely. This information was only accessed by the authorised staff.

Inspected but not rated

Is the service responsive?

Our findings

The provider had systems in place to help ensure people's personalised needs were identified and met, and to be a responsive service, but we did not have enough evidence to provide a rating.

People knew they had care plans and could access it easily. One person said, "I do have a care plan. It is in my sitting room." A relative commented, "[Person who used the service] care plan and risk assessments [are] kept in the house." People's assessment of needs information was used to develop their care plans. We reviewed both people's care plans and found it contained information on people's history, significant people in their lives, likes, dislikes, physical, medical, emotional and care needs and abilities, and religious and cultural needs. People's care plans instructed staff on how they would like to be supported. People's daily care logs confirmed care was being provided as per the agreed care plan.

The nominated individual told us they would review people's care plans once a year and as and when their needs changed. This meant the provider had processes in place to ensure staff were kept updated on people's changing needs so that they could provide personalised care.

The provider had an up-to-date equality policy and trained staff in equality and diversity. Staff we spoke with told us they treated people equally and met their individual needs. Their comments included, "I don't see any problem in lesbian, gay, bisexual, and transgender (LGBT) people. We are all equal. It is about supporting and would be happy to support them" and "I will feel comfortable [supporting LGBT people], sexuality doesn't really matter. It is all about the care you need to provide. [We] do not at all discriminate people."

A person and a relative told us they knew how to raise a concern and make a complaint. The person said, "I have never had to complain. If not happy [I] will speak to [staff member] first and if nothing changes then to [nominated individual]. However, [staff member] hardly does anything wrong." The relative commented, "I have no concerns with the carers [staff]. I would call [nominated individual] if not happy with anything." The provider had a complaints policy to ensure complaints were dealt with appropriately and in a timely manner. People were provided with information on how to raise concerns and make a complaint. However, as no complaints had been received, we were not able to judge the effectiveness of the policy.

The provider had an end of life care policy and processes in place to support people with end of life care needs. However, currently no one was being supported with end of life care needs. We were therefore unable to assess whether the provider's systems to support people on end of life and palliative care were effective.

Inspected but not rated

Is the service well-led?

Our findings

People who used the service told us they were happy with the service and found the management approachable. One person said, "I would recommend this service. Yes, I am very happy with the service. [Nominated individual] is easy to speak to. She is approachable." A relative commented, "I find [nominated individual] approachable, responsive and warm. I am happy with what we get from the service." However, as only two people were receiving care at the time of our inspection, we were unable to provide the service with a rating in this area.

Staff we spoke with told us they felt supported and found the management approachable. Their comments included, "[Nominated individual] is a good manager. I absolutely feel supported. She is a very nice lady, she listens to me. She is always available when I need help and support" and "I like working here. The management's communication is good. If I have concerns or help required they respond quickly. [Nominated individual] is good, she appreciates and listens to staff and [to] our concerns. She is approachable and I feel supported."

At the time of this inspection, the provider had a registered manager in place. However, the nominated individual who is also the owner of the service told us that the current registered manager was in the process of deregistering with us and that the nominated individual would apply to become the registered manager. The nominated individual was aware of their registration requirements with CQC. They knew which statutory notifications they needed to submit to us by law. Due to technical difficulties the provider was not able to complete and submit the 'provider information return' form as required by the legislation.

The provider had policies and procedures in place relevant to the service. However, at the time of our inspection we were unable to assess fully the effectiveness of these policies and procedures due to the limited service being provided.

The provider had carried out one unannounced spot check to ensure the person was satisfied with the quality of care and staff's punctuality and caring approach. A person and a relative told us the provider regularly contacted them to check if the care was being provided as per the agreed care plan. The provider had processes in place to carry out regular checks and audits in relation to people's care, staff training and supervision.

The nominated individual told us they would carry out an annual survey next year to formally seek people's feedback on the quality of care. The provider had quality assurance systems and procedures in place to ensure the safety and quality of the service. However, as the service had been going for only four months and the provider had not implemented all the quality assurance processes, we could not assess the effectiveness of these systems.

The provider worked with the local authority and healthcare professionals to improve people's wellbeing.