Tuella Limited

Nayberle

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Nayberle is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 25 people were receiving personal care from the service.

People's experience of using this service and what we found
People told us they felt safe. They were protected from avoidable harm as staff were trained to recognise signs of abuse and knew who to report this to if they had concerns.

The service had a robust recruitment and selection process that helped ensure only prospective staff with the necessary skills and good character were employed to support people.

There were enough staff to support the number of people they visited. The service only took on support for new people when there were sufficient staff to deliver the care. People said staff usually arrived on time. The service monitored timeliness and visit duration and followed up where any issues arose.

Staff had a good awareness of the specific risks people faced and how to manage these without being unduly restrictive. People's risk assessments gave staff clear guidance on how to manage their health conditions and environmental hazards.

People felt staff were well trained and had the required skills to help them. People were encouraged to make decisions and express their views about the care and support they received by staff who were respectful and familiar to them. People were given the opportunity to influence the degree of support they received.

People's capacity to consent to specific decisions about their care and support were assessed. Where required, the service undertook mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they enjoyed visits from the staff. Staff understood their needs and supported them to remain as independent as possible. People and relatives felt staff were very kind, caring and respectful. One person said, "Carers are lovely company."

People's care plans were person-centred and included their personal histories, abilities, goals and preferred methods of communication. People's plans were regularly reviewed, with relative input where appropriate,

to ensure they reflected their current needs and wishes.

Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback.

The service had robust quality assurance procedures which included various audits and regular staff competency checks. This helped ensure care quality was maintained and areas for improvement identified.

Staff told us they felt proud to work for Nayberle. One staff member said, "I believe it is a company that provides the best care experience, and is always looking for ways to improve." The culture of the service and the procedures in place supported this.

The registered manager was praised by people, relatives and staff. They were seen as supportive and a good listener. A relative expressed, "The management are brilliant, very good company very pleased to be using them."

The service had established and maintained good working relationships with other agencies including district nurses, social work teams and GP surgeries. These partnerships were helping people to stay well for longer.

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

Rating at last inspection
The service was registered with us on 3 August 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Nayberle

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 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 and specialist housing.

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 a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 November 2022 and ended on 11 November 2022. We visited the location's office/service on 3 November 2022.

What we did before the inspection
We sought feedback from one of the local authorities who work with the service. 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 six people who use the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care supervisor and carers. We received feedback from one health and social care professional.

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, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 of this newly registered service. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe and comfortable with the care provided. Their comments included: "I feel absolutely safe with them", "I feel safe with them" and, "They make me feel safe." Relatives agreed, telling us, "I feel [family member] is very safe" and "I feel [family member] is safe with the carers."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff said they would feel comfortable to whistle blow should they observe poor or abusive practice. They expressed confidence the registered manager would take appropriate action when required.
- People had up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. People's risks included: skin integrity, mobility, emotional wellbeing and dietary intake. A relative fed back, "[Carers have a] keen eye for any risks/safety factors."
- General environmental risks in people's homes were assessed such as trip hazards, food hygiene and fire safety. The service told us, with consent, they had referred people to the local fire service if they identified fire risks in people's homes.

Staffing and recruitment

- There were enough staff to support the number of people they visited. The registered manager was keen to ensure new packages of care were only taken on if there were sufficient staff.
- The service assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages.
- People told us that staff usually arrived on time for visits and stayed for the full duration. Staff logged in and out of visits and this was audited. Where any issues arose this was followed up by the registered manager. They had recently contacted the developer of the software used to monitor visits which had strengthened oversight.
- Staff told us they were given enough time between visits to people to help ensure they were on time and could travel safely.
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Recruitment was within a context of staffing challenges across the health and social care sector.

Using medicines safely

● People received their medicines on time and as prescribed. People and records confirmed this.

● Medicines were managed safely by staff who had received the relevant training and ongoing competency assessments.

● People's electronic medicines administration records contained sufficient detail to support staff with this task.

● The registered manager regularly audited medicines records. We saw evidence of timely and appropriate follow up action where omissions or errors had occurred.

Preventing and controlling infection

● We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured that the provider was promoting safety through good hand hygiene.

● Staff received training in food hygiene.

Learning lessons when things go wrong

● Staff completed accident and incident reporting forms. These were reviewed by the registered manager. The process included reflection on what had happened, actions taken and what steps were required to prevent a recurrence.

● Lessons learnt were shared via staff handsets, team meetings and supervision.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences and formed the basis of people's care plans.
- Visit records were robust and illustrated how staff had supported each person. A relative commented, "Excellent record keeping which helps identify exactly how each visit has progressed which enables better communication amongst carers (and family members)."
- People received care and support which was planned and delivered in line with current legislation and good practice guidance. One person told us, "I have no complaints about the care. It's very good!"

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with 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 the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member said, "I had plenty of shadowing opportunities." A relative told us, "More experienced carers support as new carers embed."
- Staff received a range of training to help them meet people's needs. They told us this gave them the skills and confidence to provide support safely. This included: first aid awareness, COVID-19, moving and handling, pressure care and safe administration of medicines. One staff member commented: "We can always ask for help and receive additional training."
- Staff received supervision and ongoing competency checks. These checks covered areas including medicines administration, hand hygiene and moving and handling. A person told us, "Staff look after me extremely well. They are very competent."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met. This included their likes, dislikes and any known food allergies or intolerances.

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals such as occupational therapists and district nurses. People and their relatives were confident

that changes in health were promptly observed and support provided to access relevant services. A person said, "If my health changes they get in touch with my [relative]. It is very encouraging to know I have support from them." A relative expressed, "If carers have any concerns with [family member], for example a sore area, they will let me know."

● Relatives and people had shared positive feedback with us prior to the inspection which included: "Since Nayberle have been taken on [family member]'s a different person, is healthier and gained lots of weight due to eating regular healthy meals and is happy and looks forward to the carers calling every day. [Their] mental health has improved no end."

● A health and social care professional praised the service provided by Nayberle. They felt the service was, "Very responsive, very proactive. Caring for clients, creative in the way they provide care. Staff are insightful and dedicated."

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 MCA 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.

● Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. One staff member explained, "I always explain to clients what I'm there for and that I'm only there to help, not to take over and always explain each step as I go and make sure we always communicate."

● The service kept a record where people had legal representatives who made decisions on their behalf and understood the scope of the authority these people held. This ensured people's rights were upheld.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were kind, caring and respectful. They commented: "Lovely friendly staff", "They are exceptionally caring, helpful and really put my mind at rest so that my [family member] can remain in [their] home", "Carers are lovely company" and, "I listen to how they talk with [family member] and I'm fine with that."
- Staff understood how to treat people well and with respect. For example, one staff member said, "I always try to greet them with a smile, I try to be nice and make their time spent with me more pleasant. It is important that they feel comfortable in my company. I treat them as I would like to be treated, with dignity and respect."
- People and relatives were positive about the care and approach taken by staff. This included the following comments: "All in all I cannot sing this company's praises enough. Their care is excellent, and the carers are truly great at their job" and, "[Carers are] open to suggestions from family on how best to handle certain situations e.g. getting [family member] to eat regularly."
- Daily notes confirmed people's right to decline or influence the amount of support they wished to accept.
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. For example, one person told us, "They listen to me. I absolutely can influence the care. They ask me questions and listen to what I say." A relative said, "[The carers] are very friendly they are always putting my [family member's] needs first before anything else."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.
- Staff supported people to be as independent as possible and recognised the benefits this could bring. Staff explained, "[We do this] so [people] don't become institutionalised within their own homes. It gives them a sense of purpose and meaning. Helping someone to live independently is massively important for mental wellbeing and can help to live a more fulfilled life" and, "encouraging someone to be independent as possible enables them to have purpose in their care and be able to do things for themselves in order to stay in their own home as long as possible."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had detailed and up to date care plans which documented their individual needs, preferences, and those they enjoyed spending time with including people and pets. Care plans were reviewed with people and, where appropriate, their relatives input. One relative said, "I've got access to the electronic care system so I can check [family member's] care records."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they received.
- People were encouraged and, where required, supported to maintain contact with family, friends and links with the community. People gave us examples where their visit times had been adjusted to facilitate attending events or appointments.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included their preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack and was held in their homes.
- The service had no current complaints. We observed previous complaints were acknowledged and resolved in line with the complaints policy.
- People and relatives knew how to complain should the need arise. They felt confident they would be listened to and action taken if they raised an issue.

End of life care and support

● There were no people with end of life care needs at the time of the inspection. The service had provided this previously with positive feedback including, "I should thank you more for all the care and assistance you and your team supplied sometimes in difficult circumstances and would have no hesitation in recommending your very professional company and wish you all the best for the future."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a hardworking and positive culture at Nayberle. Staff told us, "I would describe the culture as hardworking, like family and supportive" and, "I feel we are all kind and good carers. Our values as a team show through our work and our client's reviews. Friendly happy team players, hardworking. Proud and dedicated carers."
- Staff commented positively on the management of the service: "The management are responsive when you contact them. They are compassionate and understanding of staff and client needs. Where they can be they are accommodating", "[Registered manager], from my point of view, is a very good manager, I can always rely on [registered manager]" and, "[Registered manager] is lovely, is very supportive and always informs me of any changes to rotas or times or anything. [Registered manager] always replies to me if I have any worries."
- Relatives praised the registered manager. Comments included: "Is lovely, down to earth. Very focused on providing good care", "Very nice" and, "Is fantastic."
- Staff said they felt their hard work was recognised. They commented, "Management are always appreciative if I cover any shifts, this is always very apparent within their messages", "Working for Nayberle so far has been a great experience. I have come into the company feeling valued and been giving a great opportunity to grow my career" and, "I feel appreciated in this company, I often get a nice word from the manager, a voucher for completing a large number of hours, very positive words of appreciation from customers."
- Staff felt proud working for Nayberle. They told us, "I feel proud to work for Nayberle as I believe it is a company that provides the best care experience, and is always looking for ways to improve", "I am proud to work at Nayberle, I feel that as a small company we are able to create a more family atmosphere, we are recognizable as caregivers, we have good caregivers and we give the best we can" and, "[Registered manager] always lets us know how much of a help we have been if we have done extras. It never goes unnoticed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had a good understanding of what each of their role entails. The registered manager said the role included, "The huge responsibility of ensuring the service is running smoothly and safely. It's about meeting the needs of clients and carers. If happy, carers will have happy

clients."
● Various audits took place which included medicines records, care reviews and complaints. These were used to drive improvement.
● The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, police incidents, death of service users, and serious injuries. This is a legal requirement.
● The registered manager understood their responsibilities under the duty of candour. They told us, "It means being as open and transparent as you can be. We would tell relevant people including the client, and their next of kin if consent was provided. We would apologise straight away and outline how we will prevent it happening again. It needs to be a genuine sorry from us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● The service had not yet undertaken its first annual people survey. It had however regularly sought feedback during care reviews and when carrying out staff competency checks. A relative fed back, "The management are brilliant very good company very pleased to be using them."
● Staff had been surveyed by the service. Feedback had been positive with comments including: "Nayberle look after their carers and listens to them" and, "I'm listened to always." The registered manager said, "We are always up for advice about how we can improve. [For example] when we revised our staff handbook we asked them to help come up with ideas. We took their ideas on board."
● Team meetings were held where staff were encouraged to speak freely and were praised for their team work.
● The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with district nurses, social work teams and GP practices.