

# HH Community Care Limited

# Nuliving Homecare

## Inspection report

Unit 5 Battalion Court  
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Catterick Garrison  
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Tel: 01748352124

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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

Nuliving Homecare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 31 people using the service.

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.

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

There were effective systems, processes and practices which kept people safe. Risks to people were assessed and these were effectively monitored, managed and updated when necessary. There were sufficient numbers of suitable and trained staff to support people appropriately. Medicines were administered safely by trained and competent staff. Good infection prevention and control (IPC) practices were in place, including detailed information to support staff. Clear processes were in place to identify and share any lessons learnt, and practices were reviewed and updated when required.

People's needs and choices were identified and met. Staff training was monitored, staff were supported to develop and received regular supervisions and competency checks. Where necessary people were supported and encouraged to eat and drink. Information sharing with other professionals was robust and ensured people's health needs were monitored and met. People had consented to all aspects of their care and support. Staff were knowledgeable about the Mental Capacity Act (MCA). 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.

Information in care documents showed people were treated with kindness and dignity. Robust checks were in place to ensure staff supported people with care. Care plans were person-centred and people had been involved in producing these. Care plans supported people's requests for privacy and dignity.

Care plans documented people's individual preferences and choices. Care notes showed these were respected and met. Prompt action was taken on people's concerns, these were well-documented, responded to and remedial action, where necessary, was taken.

A robust structure for ensuring staff delivered care within the organisation's culture and values was in place. The governance framework was clear about staff responsibilities, and this was translated across all aspects of the service. Actions, responsibilities, time-frames and outcomes were clearly documented and tracked. Regular engagement took place with people, relatives and staff. Consideration was given to learning and ensuring continuous improvement from this. The registered manager and staff were proactive in developing relationships with partner organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 4 April 2022 and this is the first inspection.

#### Why we inspected

This inspection was undertaken because the service has not been inspected since it was registered.

#### 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.

# Nuliving Homecare

## 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 undertaken by an inspector who visited the location and made telephone calls to staff. An Expert by Experience made telephone calls to people and their relatives. 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 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 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 25 April 2023 and ended on 2 May 2023. We visited the location's office on 25 April 2023 and spoke with people and their relatives by telephone. We spoke with some staff by telephone on 2 May 2023.

### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 of this information to plan our inspection.

### During the inspection

We spoke with 2 people who use the service and 6 relatives about their experience of the care provided. We spoke with 9 staff members including the registered manager, team managers, internal trainer, and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

# 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

- Systems and processes were in place to safeguard people from the risk of abuse. One person said, "I do not have any issues regarding my safety. I love all the [staff] who come to me and can trust every one of them."
- A relative provided examples of how staff had recognised safeguarding risks and put things in place to safeguard their family member. They told us, "The [staff] are so good at protecting and safeguarding [relative]." Other comments included, "We feel [relative] is safe with the [staff] and they (staff) are quick to recognise additional needs and react to these", and, "I do feel [staff] are excellent at safeguarding and we have no complaints."
- Staff were trained and knowledgeable about the signs of abuse, and knew how to report any concerns, should they occur. They received regular training and reminders.
- All potential safeguarding incidents were identified and reported promptly to the relevant authorities. Systems were in place to ensure these were tracked and monitored.

Assessing risk, safety monitoring and management

- Risks to people's safety, and those of staff, were assessed and monitored by robust management processes.
- To ensure people were supported safely, risk assessments were specific to the person being cared for and contained clear guidance for staff to follow to minimise those risks.
- Staff were vigilant at ensuring risks were reviewed and the environment was safe. One family member explained, "[Relative] can't see very well so [staff] do regularly check to ensure there are no trip hazards, for example, body lotion spilt on the bathroom floor is slippery, so they always ensure that is removed."
- Care records were detailed, reviewed by office staff and relevant information shared appropriately to support people's safe care. Any accidents and incidents were reviewed and used to develop robust action plans.

Staffing and recruitment

- There was sufficient staff to support people safely and to ensure people received timely care and support from staff they knew well.
- Checks on potential staff were robust. Recruitment checks were undertaken to ensure staff employed were suitable and safe to work with vulnerable people.

Using medicines safely

- Where people had their medicines administered by staff as part of their care and support this was clearly documented. Staff were provided with the appropriate information to enable medicines to be administered

safely and effectively.

- Care plans recorded where people had consented to have their medicines administered and who was responsible for ordering and collection. Staff were diligent about checking medicine stocks.
- Medicines administration records (MARs) contained information about 'as and when required' medicines and body maps were in place for creams and lotions.

#### Preventing and controlling infection

- Care plans contained detailed information about how to prevent and control infection during each task.
- Staff had received training about infection prevention and control. The service had appropriate levels of PPE stocks.
- People confirmed staff wore appropriate PPE and these were used and disposed of safely.

#### Learning lessons when things go wrong

- The service recorded accidents, incidents and near misses, which were analysed to consider trends and themes to support service improvement and learn lessons.
- The service had a strong learning culture and used all information as a basis to consider improvements. There were clear routes to cascade information to staff. A staff member told us, "We get emails about updates."



# 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 and relatives told us they were involved in planning their care and their choices and preferences were checked. A family member said, "I was very involved in the setting up of [relative]'s care plan, they listened to me and we got what [relative] requires."
- People's needs were assessed before care and support commenced. This was reviewed regularly to check the care was appropriate for people's needs.
- Staff confirmed they received enough information to support people effectively. A staff member said, "The care plan has all the documents we need, they're really well-written."

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were well trained and competent. One person said, "They are well trained in fact [registered manager] won't let them out on their own until they are ready. They always shadow a more regular one to begin with."
- Staff told us they received regular training, both online and face to face, which they felt helped them to care for people safely.
- Staff received regular supervisions, which were well-balanced between observations of care and staff support. A staff member said, "We can speak with the office at any time, and they always ring you straight back, we've no trouble getting hold of support if we need it."

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

- Where people needed support and encouragement to eat and drink this was well-documented in care plans.
- Notes of care showed how people had been given encouragement to eat and drink. These were very detailed and included information about the type and quantity of food and drink provided and eaten.
- A family member explained how staff supported their relative to eat and drink enough. They told us, "They will make her (my relative) drinks and ensure she has enough to drink. On one occasion [relative] had run out of milk so [staff] ran across the road to the local supermarket and bought enough milk to last [relative] until I could do her shopping."

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

- Each person's record contained details of relevant health professionals and other routes of support. This meant people received a continuity of care.
- Staff were observant about people's health and immediately checked with team managers or health

professionals if they were concerned.

- Health professional advice was clearly documented and followed by staff.
- The service had made plans to produce a hospital passport for each person, in response to a local authority suggestion. This would support people in the event of any potential admission to hospital.

#### 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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had consented to their care. This was well documented, and consent was recorded for a wide range of aspects of care delivery, for example, to take photos and to share information with other professionals.
- Staff had a good level of understanding about MCA principles and how to apply these. Care plans contained information about how people were supported where they did not have capacity. A staff member confirmed, "We ask people if there's something they need or want doing, or how they want things doing. It's their care and their way of life."
- People's comments about how staff gave them choice, included, "They (staff) always ask for my consent and give me a choice if there are options", and, "They (staff) always ask me what I need them to do and how I want it done."
- People were encouraged to maintain their independence. A relative told us, "[Staff] encourage [relative] to do things for herself that she can manage, for example, they encourage her to get her own breakfast, then they check she has eaten it."

# 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

- People and relatives gave positive feedback about the caring nature of the service. When asked if staff were caring one person said, "Each and every one of them is and I can't fault any of them on this."
- Relatives told us how their family members were well treated and supported. Their comments included, "They are really kind to [relative], she loves them all and continually talks about how kind they are all of the time", "The are not only caring but show a great deal of patience", and, "[Relative] loves the carers who come to talk to her, she says there are very nice and do her personal care very gently."
- The service worked to ensure people were supported by consistent staff members. A staff member said, "I see the same [people] pretty much most of the time. I have formed really, really strong relationships with the [people] I see, it's so rewarding."

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

- People and relatives confirmed they were involved in their care and support. A person said, "I was involved in my plan and reviews. They used to come 3 times a day but I stopped (1 call) as I could make my own cup of tea."
- A relative told us, "One of the senior people was very nice and listened to what we had to say. She suggested that once a week for two hours they take [relative] out for a walk so she has exercise and has greater interaction with others, as mum loves people."
- Care plans recorded details of people's likes and dislikes. People's protected characteristics were recorded so people could be supported appropriately.
- Care notes recorded how people's views and choices had been considered when staff were delivering their care and support.

Respecting and promoting people's privacy, dignity and independence

- Person-centred information was recorded in care plans about how staff should deliver care which supported that person's personal privacy and dignity needs.
- Language used throughout documents, and in conversation, relating to people and their care and support was respectful and dignified.
- One person told us, "They (staff) pull my curtains and protect my modesty when doing my personal care." Another said, "They (staff) ensure blinds are closed and doors shut. They will cover my bottom when doing my top, and always leave me in private when using my commode."

# 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

- Care plans were personalised and the service responded promptly to changes to people's care needs. A staff member said, "(The care plan) states people's preferences and things like their social background."
- Staff understood people's daily routines and care calls were planned to accommodate these, for example, around social and health appointments. A relative said, "They (staff) have been very flexible with us. If I have needed to rearrange my [relative]'s calls they are very happy to accommodate us."
- One family member explained, "Most certainly they listen to [relative] and interact well with her. She told them she doesn't like water on her face when in the shower so they now use a guard to protect her face."

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.

- The service recorded people's communication needs and ensured these were met by staff.
- The service ensured people's communication needs were monitored and accommodated. Daily notes recorded whether people had been supported to wear their glasses or hearing aids.
- One family member told us, "My [relative] has a hearing impairment so sometimes communication might be misunderstood. They do have to speak to him in a loud voice, but they also have a laugh and a joke with him."

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's life histories, cultural backgrounds and social lives were recorded, so staff understood people well.
- Care notes showed how staff had supported people to access the community or encouraged and enabled them with their hobbies, for example, crafting.
- Where people undertook social outings the service tailored their care calls around the person's needs.

Improving care quality in response to complaints or concerns

- Complaints, compliments and concerns were recorded and responded to appropriately. The service worked with people to resolve any issues to the person's satisfaction.
- Outcomes were reviewed to consider implementing changes to improve the quality of the service. One

person told us, "I have been asked if they (staff) could do anything better for me but so far [I've] never had to suggest improvements."

- All the people and relatives we spoke with knew what to do if they had to make a complaint. Information about how to complain was contained in the service user guide.

# 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

- The service worked to its values of reliability, empathy, skills, professional, excellence, courtesy and team. Care plans showed how these values were met.
- People and relatives told us the service was well-led. They were positive about the open communication within the service. Comments from relatives included, "The staff are excellent, easy to get hold of and if they need to get back to me on anything at all they never fail to find answers and ring me back."
- The service ensured staff members were also well supported through its positive and open culture. One staff member told us, "(The registered manager is) very supportive, they have been absolutely fantastic to accommodate my needs, they are really approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood and acted on their duty of candour responsibilities. They encouraged candour through their openness in all their interactions and encouraged staff to report errors or concerns as part of a learning process.
- Where errors were identified these were discussed appropriately and any learning shared. Staff confirmed this was always done promptly.

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

- A robust governance framework was in place. There was a clear thread of actions, responsibilities and outcomes for each event, action or task identified and recorded. These were tracked and managed by the registered manager, and by the provider.
- The provider had monthly quality assurance meetings with the management team. The registered manager produced a monthly quality assurance report for the provider about all aspects of the service.
- Staff were clear about their responsibilities and received regular feedback about their performance. Staff confirmed they received positive feedback and were recognised for their work and input into the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had an 'open-door policy' and people, relatives and staff confirmed this. Regular staff meetings took place and staff confirmed they were regularly updated via an in-house 'App'.

- People and staff were supported in a way in which considered and supported their protected characteristics.
- Regular feedback was sought from people and relatives. A survey was planned for people and relatives in the coming months. The service had collected information from a recent staff survey.
- The registered manager was proactive in engaging with partner organisations. Staff told us they were supported to develop good working relationships with other professionals, for example, district nurses and social workers.