

Niche Care Limited

# Niche Care Ltd

## Inspection report

1 Phoenix Riverside  
Sheffield Road  
Rotherham  
South Yorkshire  
S60 1FL

Tel: 01709794144  
Website: [www.nichecare.co.uk](http://www.nichecare.co.uk)

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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

Niche Care Ltd provides personal care to people living in their own homes in the Rotherham and Sheffield areas. At the time of the inspection the service was supporting 216 people. Care and support is co-ordinated from the agency's office, which is based on the outskirts of Rotherham.

The inspection took place on 4 January 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in April 2017 the service was given an overall rating of 'Requires Improvement'. We found improvements were required with regards to the provider's recruitment process and notifying CQC about safeguarding concerns reported to the local authority. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Niche Care Ltd' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We carried out the inspection a little earlier than planned due to concerns raised with us about the way the service was operating. However, we found improvements had been made since the concerns were raised and the majority of people were happy with the service provided. We also found the areas we identified for improvement at our last inspection had been addressed. At this inspection we rated the service as Good.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us staff were caring and efficient in their job. They said they treated them with respect and dignity, and cared for them in a way which met their needs.

There were systems in place to reduce the risk of abuse. Staff had received appropriate training in relation to protecting people from the risk of abuse. We found the registered provider ensured they followed the correct process in reporting safeguarding concerns to all appropriate agencies and worked with the local authorities to address any concerns.

Recruitment processes had been made more robust, which helped the employer make safer recruitment decisions when employing new staff. Staff had undertaken a structured induction, essential training and regular support, which aimed to develop staffs' knowledge and skills so they could effectively meet people's needs.

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. Records

showed where possible people's consent had been obtained and staff understood the importance of listening to people and acting in their best interest.

People were encouraged to manage their own medication if they were able to, with some being supported by relatives. However, when assistance was required appropriate support was provided by staff who had been trained to carry out this role.

People's needs and any potential risks had been assessed before their care package started, and where possible they or their relatives had been involved in formulating care plans. Care plans provided information and guidance to staff, which assisted them to deliver the care people needed, in the way they preferred.

The complaints policy was provided to people using the service. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

Since the last inspection the registered provider had developed the way they assessed the quality of care provided. Systems were in place to check staff were following company policies and people had been consulted about their satisfaction in the service they received. All the people we spoke with told us that overall they were happy with the way the service was run. People spoke positively about the management team and how staff delivered care.

Further information is in the detailed findings below.

## 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.

Recruitment procedures had been improved to make sure they complied with legislation.

Risk assessments and training were in place to assist staff in reducing the risk of harm or injury.

Improvements had been made to ensure the registered provider followed all required procedures in relation to safeguarding people. Staff had a good knowledge of their responsibilities regarding this topic.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service was well led.

Improvements had been made in how the service monitored and evaluated how it was operating. Audits had been undertaken and where shortfalls had been identified these had been addressed.

There was a structured management system in place with all staff knowing what their roles and responsibilities were. Staff told us they felt well supported by the registered manager and the management team.

People were consulted about their satisfaction in how the service operated.

# Niche Care Ltd

## **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 registered provider was 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.

The inspection included a visit to the agency's office on 4 January 2018. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider, and information gained from people who had contacted CQC to share feedback about the service.

We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals, the local authority safeguarding teams and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke on the telephone with eight people who used the service and four relatives. We also spoke with the registered manager, the care manager, one of the directors of the company, care coordinators, a senior care worker and care workers.

We looked at documentation relating to people who used the service, staff and the management of the service. We checked seven people's care and medication records and seven staff files, including recruitment, training and support documentation. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

At the last inspection we found the recruitment process was not as robust as it should be. For example, risk assessments had not been completed if Disclosure and Barring [DBS] checks identified past criminal offences or previous conduct in care roles. This was a breach of Regulation. At this inspection we saw the recruitment process had been improved and appropriate risk assessments were in place where required.

We also found at our last inspection that although the registered provider had raised safeguarding concerns with the local authority, they had failed to notify CQC. This was a breach of Regulation. At this inspection evidence indicated the service had appropriately notified CQC of safeguarding concerns brought to their attention. Records sampled showed the service had worked with the local authority to keep people safe, and changes had been made where needed. Staff we spoke with demonstrated a good knowledge of safeguarding people and were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found they had received training in this subject during their induction period, followed by periodic refresher courses.

All the people we spoke with told us they felt their care and support was provided in a safe way. One person using the service told us, "I feel very comfortable, very safe with the care workers. They are good." Another person said, "I do feel safe and comfortable, if I did not feel comfortable I would tell them." Relatives also felt their family members were supported safely. One relative told us "Yes my relative is safe with the care workers, there are no issues there." Another commented, "Yes my relative is very safe."

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. The care files we looked at contained assessments to identify and monitor any specific areas where people were more at risk, such as how to move them safely. We found there was clear guidance for staff about the action they needed to take to protect people. An environmental safety risk assessment had also been completed. This helped senior staff to identify any potential risks in the person's home that might affect the person using the service, or staff. Staff also described to us how they ensured the security of people's houses was maintained.

Prior to the inspection some people had raised concerns with us about missed and late call, so we looked at how the service arranged calls. The management team confirmed there had been some issues identified in the later quarter of 2017, but overall these had been addressed. They explained that the service divided calls into five areas, with a care co-ordinator and a supervisor overseeing specific areas. A senior care worker was attached to each care co-ordinator and care staff work in a designated area, although they crossed over to other areas when additional support was needed. This meant people using the service received support from the same care team whenever possible. One of the care co-ordinators demonstrated to us how calls were planned and what was in place should a care worker be delayed attending a call. The system clearly identified areas such as travel time and time critical calls, for instance where someone needed their medication or meals at a specified time. We also saw missed and late calls were monitored on a regular basis by the senior management team.

The company had a system in place which meant staff had to log in and out of each call using their company mobile phone. This enabled managers to monitor staff attendance and safety. The staff we spoke with told us they felt there was enough time in each visit to meet people's needs and that travel time was allocated between calls to make sure they were on time. They were clear about their role in ensuring calls were on time, and said they would call people to tell them if they were slightly delayed, for instance by traffic congestion. One member of staff commented, "It's [staffing] a lot better now, recruitment is on-going and staff are getting their breaks."

Feedback from the people we spoke with showed that although there had been some issues with missed and late calls in the past, the service had worked hard to remedy this. One person told us, "They do not miss any calls, they used to rush but they have now settled down." Overall we found the service employed enough staff to meet people's needs in a timely manner, with the majority of people saying staff were on time and stayed the length of time expected. One person using the service told us, "We are happy with the timings, if they are late they will ring us, we are happy with when they come." A second person commented, "They are more or less on time. On occasions due to an emergency they can be late but it is only 15 minutes. They do ring me and they never rush the tasks." A third person said, "The care workers are always on time for me. They do all the tasks for me without rushing off." A relative also spoke positively about this topic saying, "They are mostly on time and if they are late this is on odd occasions due to an emergency. I have double care workers [two staff are needed to provide care], mostly they come together and stay the full length of time."

One relative told us they had experienced several missed calls in the past and that the care worker had failed to visit the night before we spoke with them. We discussed this with the care manager who confirmed staff had called the relative to say they were running a little late and the relative had cancelled the visit, saying they would assist their family member. The care manager said they would continue to monitor call times, as they were aware this person did not like calls to be late.

At the last inspection we found that overall where people needed assistance to take their medication this was managed safely. However, we noted that medication administration records [MAR] were not always completed adequately. For example, staff had not always signed to say whether medication was administered, and where MAR records were completed by hand staff had not signed to show who had taken responsibility for the accuracy of the records. At this inspection we saw new improved electronically produced MAR had been introduced and staff had signed them consistently to show they had administered the medication. However, three hand written entries on MAR that had not yet been checked by senior staff had not been signed to show who was responsible for completing them. We discussed this with the management team who said they would ensure staff signed these in future.

Staff had completed safe administration of medication training and periodic observational competence checks had been carried out to monitor they were following company policies. The management team had completed audits on the MAR when they were returned to the office, to ensure they had been completed correctly and people had received the medication they needed. We saw where shortfalls were found these had been addressed. We also found part of the quality audit tool used by managers checked if staff had completed records correctly, and the staff competency checks also included checking medication records.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary. We saw staff had taken appropriate action when incidents had happened, such as reporting concerns to the local authority.

Staff we spoke with were knowledgeable about minimising the spread of infection. They told us they had

access to protective clothing such as disposable gloves, aprons and foot protection. This was confirmed by the people we spoke with. Where appropriate the care plans we sampled gave staff good information about minimising cross infection.



# Is the service effective?

## Our findings

All the people we spoke with told us staff had the right skills, knowledge and experience to deliver care and support effectively. They were complimentary about the staff who supported them or their family member. People's comments about staff included, "They are brilliant, they do know what they are doing," "The care workers know what they are doing, they are skilled," "They used to rush, but they are now settled. They are trained, there are no issues here" and "They are very pleasant, they do all tasks properly and are certainly trained." This was echoed by relatives whose comments included, "They do the job reasonably well, we do not have any complaints about the care workers" and "All the care workers are very trained and skilled, we are happy with this."

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. We saw people had been involved in assessment before their care package started so information about their needs, choices and preferences could be determined and guidance on how best to support them passed on to staff. This enabled staff to provide a more effective service.

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 found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest.

People told us staff listened to them and acted on their decisions. One person said, "They always ask my permission before they do anything." A relative commented, "They do know what they are doing. They will ask my relatives permission and chat with her to make her feel comfortable."

Staff told us some people required help with their meals, while other people were independent or had a relative to assist them. None of the people we spoke with needed help with their meals, but care records sampled contained information about people's nutritional needs, and if assistance or a special diet was needed this was built into their agreed care plan. Visit records showed staff were acting in accordance with people's care plans and meeting their individual needs. Staff described how they left drinks and snacks close at hand for people who could not get them for themselves between visits.

All new staff had undertaken a four day structured induction and training programme which prepared them for supporting people and enabled them to achieve the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This included an introduction to company policies and essential training, which was provided by an external training company. Topics covered included: safeguarding people, food hygiene, moving people safely, medication and first aid. The

management team told us staff were also enrolled on a nationally recognised diploma award in care at the beginning of their employment, if they had not already attained the awards.

We spoke with three recently recruited staff. They confirmed they had completed a comprehensive induction before being allowed to care for people on their own. One care worker said they had never worked in care before, but felt the training they had received had prepared them well for doing their job. They added, "The job is so rewarding. The best thing is that I feel so happy supporting people." Another care worker said they felt they had, "Definitely had enough training and they gave it in plain English [so new care staff understood what they were talking about] and they answered the questions we asked well."

Staff had also shadowed experienced care workers so they could be introduced to the people they would be supporting and learn more about the job. The length of shadowing was determined by the care workers previous experience, competency and confidence in their role. Staff we spoke with confirmed they had completed the company training programme and periodic refresher training as needed. Support sessions, annual appraisals and periodic observational competency assessments had also been used to support staff and monitor how they worked. Competency checks covered topics such as the safe administration of medication and moving people safely.

People received the support they required to access health professionals. We saw that people's health conditions were recorded within their files and information around input from health professionals was updated as required. Staff were clear about sharing information with healthcare professionals and reporting changes to the management team.

# Is the service caring?

## Our findings

People commented positively about how staff delivered their care and how their wishes were met. They described care workers as caring, polite and kind. Comments we received about staff included, "They are extremely caring and kind to me," "They are very polite and caring. I am able to speak to them, they are so pleasant with me" and "They are very kind indeed, they are respectful and make me feel at ease." Another person said of staff, "They always go that extra mile for me. I would say they are always respectful and caring."

The relatives we spoke with also spoke highly of the care staff provided. One told us, "Wonderful care workers, always caring, considerate and very respectful." Another relative said, "The care workers have an excellent relationship with my relative. They are kind and considerate at all times."

People had been involved in developing their plans of care, which identified the care and support they needed. If they had any communication difficulties staff were aware of how these were to be managed. Where people could not speak up for themselves relatives were also involved in the care planning process. Care files contained information about people's history, preferences and abilities. A care worker told us they felt care plans provided, "Good detail and they tell you word for word what you need to do."

Senior staff had undertaken 'spot checks' where they had assessed staffs competency in supporting people and asked people's opinion about their care provision. Care reviews and periodic telephone calls had also been used to gain people's views.

People using the service told us staff listened to them and offered them choice regarding how their care and support was delivered. Staff spoke positively about offering people choice in all aspects of their care. One care worker told us, "It's so important to ask people what they want. For example, I ask one person if they want their pyjamas on or off in bed [as they sometimes liked not to wear them]."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. One care worker told us, "I keep people as covered up as much as possible when I'm washing them." Another member of staff said, "It's important to talk to people and reassure them, and to encourage independence when they are getting washed and dressed." People confirmed staff treated them as they wished to be treated. One person told us, "I am extremely happy with the care workers. They give me dignity and kindness, and are always polite and happy."

The management team told us the company aimed to support people's individual preferences, for instance by employing both male and female care staff, so people had a choice.

Staff understood the importance of maintaining people's confidentiality. We also saw staff support documentation included discussions about their understanding of confidentiality, equality and diversity. This was to make sure people's individual needs were met and staff had the opportunity to explore areas they needed to clarify.

## Is the service responsive?

### Our findings

The majority of people said they received support from the same team of care workers, which meant they knew them and their needs well. One person told us, "I have a team of care workers to support me." Another person said, "I have different care workers, but I have no problem with this." Relatives all said their family members received support from the same few care workers. One told us, "We have one regular care worker." While another relative said, "We have a double up team. When new care workers come they will shadow on the double up."

Records showed that people had been involved in developing their care plans. One person we spoke with said, "Management have a good relationship with us, we have no issues at all. We have been through the care plan. They [managers] are very approachable."

Care files we sampled contained initial needs assessments, care plans, risk assessments and care reviews. The majority of care plans contained very detailed information about people's needs and preferences, including guidance for staff on how to meet people's needs. However, we noted that one person's care plan was quite basic. Although we found they did not require any complex support we discussed the benefits of having more information to guide staff about their preferences. The care manager said this was an area they were working on and additional support was being arranged to ensure all senior staff produced the same level of detail in the care plans.

Visit records were detailed. We found the care provided by staff matched the care set out in the care plans. The management team told us people's care was reviewed every six months, or as and when their needs changed. This was reflected in the files we checked.

Staff told us they felt people's care plans provided the right level of information to enable them to provide care to people, even if they could not communicate their needs verbally. One care worker said, "They [care plans] are quite good. They tell me everything I need to know." They added that if they saw there had been any changes in someone they would record it in the visit notes and report it to the care co-ordinator. They said they would then be advised on what to do, such as call the doctor or family. The care worker gave an example of reporting that one person's mobility had deteriorated. They said this person had been reassessed and now used a hoist to help them move safely.

We checked the registered provider's arrangements for making complaints. There was a complaints' policy which gave appropriate timescales for the service to respond to any concerns raised. Records showed that when concerns had been raised they had been investigated and the outcome shared with the complainant. If outcomes indicated that changes needed to be made to improve the service provided these had been made.

People told us they would feel confident if they needed to make a complaint to the service. The majority of the people we spoke with told us they felt the service was responsive to their needs, listened to what they said and acted on this information. For instance, one person said, "Happy with the service. I have no

complaints." However, one person told us they would prefer an earlier time for their evening visit. We spoke with the care manager about this and they said to their knowledge this had not been requested, but they would look into it for them.

A compliments file was also available which contained letters and emails from relatives thanking Niche Care staff for the support they had provided. One person had written that they were, "Grateful and satisfied with the fantastic care to family member."

A Rotherham healthcare professional told us, "I am one of the nurses that screens Fast Track referral for Continuing Health Care (CHC) funding; part of the role is to procure care packages to meet the needs of the clients within their homes for end of life care. I have always found Niche to be approachable; I can discuss fully a client's needs. They are reliable and have often reacted with short notice in order to ensure that a client's needs are met and I have never had any concerns with their reliability. I have not received any negative feedback from clients or relatives."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager told us they had decided to step down and the new care manager, who started with the company in October 2017, had applied to CQC to become the new registered manager.

The care manager had day to day oversight of the service and had made changes to improve how the service operated. They were supported by one of the directors and a team of three care co-ordinators, four supervisors and three senior care workers. All the staff we spoke with had a clear understanding of their roles and responsibilities.

The registered provider gained people's views through telephone conversations, at care reviews and during quality assurance checks. They were also planning to undertake a survey shortly to gain people's opinion. The people we spoke with who used the service felt it was well managed. Comments included, "So far so good. On the whole the management are fine," "Yes they are fine. I could recommend the service without any issues," "The company is very well run. I am very happy," "I am very happy with the management, we have a mixed bunch of older and younger care workers, all very pleasant. The company is approachable" and "The service on the whole is fine, just timings need to be sorted out."

The majority of relatives also spoke positively about how the service was managed. For instance one person told us, "Management are very approachable. They do listen to us and the emergency telephone is always answered, we are happy," while another relative said, "Management are brilliant." However, one relative told us they felt communication from the office team could be better regarding passing messages on and telling them what time calls would be made. We spoke with the care manager who said they would look into their concerns.

Since the last inspection a new quality assurance document had been introduced to ensure senior managers had a good overview of how the service was operating. It covered topics such as missed calls, staff changes, staff competency checks completed that month, medication audits completed and any shortfalls found. The management team also met every Monday to discuss how the service was operating and any areas that needed attention.

We saw other audits and checks had continued to be carried out by care coordinators and senior care staff to ensure staff were following company policies and the service was operating satisfactorily. For instance, care records had been checked and regular medication audits had been completed. We checked records of staff 'spot checks' and saw they consisted of senior staff observing care workers carrying out their job. Staff we spoke with confirmed they had been 'spot checked', which the management team said were used to assess staffs abilities and the quality of care provided.

The management team supported staff using formal supervisions sessions, appraisals, competency checks, staff meetings and informal chats. We also saw a monthly staff newsletter was used to share information.

The newsletters we sampled contained information about topics such as the call logging in and out system, new logbooks being trialled and emergency contact procedures. They also identified which member of staff had been awarded the 'care worker of the month'. We also saw staff had been sent thank you cards to recognise when someone had gone above and beyond company expectations while supporting people.

Staff spoke highly about the management of the service and the support they received. One care worker told us, "It's a good company to work for, very supportive. There's always someone there to support you." Another care worker said their job was "Enjoyable." A third member of staff told us the management team were, "Good, so supportive. It's a breath of fresh air working here; they [management team] really care."

The managing director told us the company was working towards being more involved in the community. They also told us a new logo had been developed that was aimed to show the company embraced equality and diversity.

A representative for Sheffield council told us, "Niche have had some operational issues within the last 6 months which were mainly resignations and staff leaving which had a negative impact on resource. I have seen a vast improvement of all operational concerns raised to Niche. Niche have now employed a very experienced care manager and this has been a very positive move. Overall, although Niche had had some tough months I find [care manager and director] very minded and proactive when making recommendations. They will seek guidance from me if needed and always keep me informed where appropriate."