

Niche Care Limited

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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 

Overall summary

The inspection took place on 16 and 19 November 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was the first time this service has been inspected by the Care Quality Commission. The service was registered with the Commission on 9 July 2014.

Niche Care limited is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including

older people, people living with dementia and younger people with a disability. Care and support was co-ordinated from the services office which is based on the outskirts of Rotherham.

There is a registered manager which manages the day to day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

At the time of our inspection there were approximately 50 people who used the service. We spoke on the telephone with eight people who used the service and their relatives. We also visited four people in their home. We were introduced to the people by the registered manager. We asked people about their experiences of using the agency. People we spoke with told us they were entirely happy with the service provided.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person told us, "The staff are very good. They are wonderful so much more reliable than the last agency I had." A relative we spoke with said, "My relative gets on well with most of the carers but some more than others. I have asked them not to send a particular one as they are too loud. The agency has sorted this. Staff know to contact me at any time if there is a problem."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing circumstances. Where people needed assistance taking their medication this was administered in a timely way by staff that had been trained to carry out this role. We saw on rotas that people who needed their medication were prioritised regarding calls.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We found most staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint.' This was written in a suitable format for people who used the service. One person said, "No complaints, the carers always see if there is anything I need doing and I would recommend them to anyone."

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included staff receiving medication training.

Good



Is the service effective?

The service was effective

Staff had completed training in the Mental Capacity Act and had a basic understanding of how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered and staff acted in their best interest.

Most staff had completed a structured induction and a varied training programme was available that helped them meet the needs of the people they supported. Support sessions had taken place but most staff had not been there long enough to have had a yearly appraisal.

Where people required assistance preparing food staff assisted with this in an appropriate way. The majority of staff had received basic food hygiene training to help make sure food was prepared safely.

Good



Is the service caring?

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good



Summary of findings

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The service worked in partnership with other organisations to ensure people received the care and support they needed.

Good



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 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 began with a visit to the services office which took place on 16 November 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector. On 19 November we visited four people who used the service in their homes where we also spoke with three relatives. We spoke with eight people who used the service, or their representative, by telephone. This helped us to understand the views and experiences of people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

At the office we spoke with the registered manager, the deputy manager, the operations manager, a senior care co-ordinator, two senior carers and four care staff.

We looked at documentation relating to six people who used the service, staff and the management of the service. This took place in the office. We also looked at four people's written records, including their plans of care and medication records. This took place in people's own homes and we asked permission from the people before we looked at these records.

Is the service safe?

Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, “The staff know the key code to gain access and they always lock the door and make sure I am safe before they leave.” Another person said, “I like the same staff so that I can develop trust, I trust all of the staff that comes to me.” One relative that we spoke with told us they were able to have additional hours so that they could go shopping knowing that my family member is safe.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the team leaders or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, One person we spoke with said, “The cares help me to stay safe but understand I want to do as much as possible for myself.” They went on to say, “I have had several falls at home. Staff know what to do if they find me on the floor and I have my pendant to call for support if needed.”

We saw care and support was planned and delivered in a way that ensured people’s safety and welfare. We looked at ten people’s care files either at the agency’s office or at people’s homes. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. We saw these had been reviewed and updated in a timely manner to reflect any changes in people’s needs.

The registered provider showed us examples of environmental risk assessments which were undertaken

prior to the service commencing. For example, risks associated with pets in people’s homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the records held at the office.

People we spoke with told us that the care they received was consistent and safe. Many people told us they thought Niche Care Limited was much better than previous agencies they had used. They told us that they hoped to stay with them while they needed support.

We found that the recruitment of staff was safe. This ensured only suitable people with the right skills were employed by the service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked six staff files and found three files had all of the appropriate checks before they began working for the service. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. However, we found three files that only had one reference. We spoke to the operations manager about this and he told us that some previous employers had not responded to their request and they were trying to get a reference from another source. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place. We briefly spoke with four staff who were attending an induction day at the office. They told us that they were looking forward to working with adults in the community.

The registered manager told that they had recently restructured the service into two distinct areas of the borough. The changes were as a result of the business expanding. This meant that staff lived close to people they were supporting. We were shown rotas which confirmed there were sufficient staff to support people in their own homes. The registered manager told us that they had sufficient staff to manage all of the care packages they currently provided. However she was aware that more staff were needed to ensure staff had a good balance between work and home life. New staff had been appointed and was due to commence when clearance had been obtained.

The service had a safe medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was

Is the service safe?

refreshed regularly. We checked the medication administration records (MAR) belonging to three of the people we visited. They were completed correctly and the registered manager told us the records were checked periodically as part of the care plan auditing procedures. One person we visited told us they were able to manage

their medication independently and only needed support to make sure their medicines were ordered and collected from their GP. Another person said, "The staff help me to get my tablets out of my cassette, then I can take them myself."

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. One person we spoke with told us that they liked their independence and wanted to remain in their own home for as long as they could. People were supported to have their needs assessed. This ensured their wishes and preferences were respected.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. Where people had limited mental capacity we saw relatives had been involved in decisions about care delivered. The registered manager told us that most staff had received training on the principles of the Act during their induction. The staff we spoke with gave us examples of how they gained consent before delivering care. They told us they always asked people they visited if it was alright to get them up and dressed and ensured they took account of their wishes. People we visited confirmed this.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. One person told us that their appetite was not very good however, staff did their best by offering to make different meals. We also saw most staff had completed basic food hygiene training as part of their induction to the agency and this would be updated periodically.

Staff at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

Records we looked at confirmed most staff were trained to a good standard. The registered manager told us all new staff employed were registered to complete the 'Care Certificate' which replaces the 'Common Induction Standards' in April 2015. However they recognised that some of the more recently employed staff were still to complete some of the induction modules. 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. The registered manager told us that they had recently employed a trainer to ensure training was delivered effectively. From the records we looked at we saw some modules within the induction had not been completed. The operations manager showed us a training plan which confirmed all training would be completed by 17 December 2015. From speaking to people who used the service we felt that the completion of the Care Certification did not impact on the care provided by the service.

Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals.

Staff we spoke with told us that they had worked for the agency from six to 12 months. This was because the agency was relatively new [registered with CQC in July 2014]. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and other care workers. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, "We all work to the same set of values which means there is a strong feeling of belonging to a team. Our managers are really supportive." We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. However, yearly appraisals had not yet

Is the service effective?

taken place because most staff had worked for the agency for less than 12 months. An observation of staff's work practice also takes place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

Is the service caring?

Our findings

During our inspection we visited four people in their own homes accompanied by the registered manager who introduced us to the people being visited. We observed positive interaction between the registered manager and the people who used the service. People told us the registered manager visited them when they first started using the service and also called to see how satisfied they were with the service.

Without exception people we visited told us the staff working at the agency were caring and compassionate. One person said, “The girls are fabulous, wonderful and that’s all of them. They know how to care for me and I would not swap them for the world.” Another person said, “I never thought care could be this good as I had a bad experience with the last agency but this one really cares for you.” One relative told us sometimes the carers are a little late but they always telephone and tell us, and that makes a difference. The managers and supervisors also come to us if someone phones in sick. You don’t get that from other agencies.”

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person’s dignity. One person said, “Yes very much so and with bed bathing they are very gentle. They wash the top half and cover the bottom half with a towel.” Other comments included. “Yes definitely respect my relative and ask their views and they give them options and treat them very well.” A relative we spoke with said, “I can hear how they speak to my family member they are very respectful.”

The registered manager told us two senior supervisors’ ensured staff working in the two areas of Rotherham were effective as teams. This meant that staff and people who used the service could build up relationships. The registered manager told us that they endeavoured to ensure only a small number of care workers were involved in individual care packages. Staff we spoke with said they worked well as a team and two staff told us they worked together where calls required two carers. This meant the care was consistent for the person.

People told us they were involved in developing their support plans people we visited showed us their records. They were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, watching their favourite television programmes. One person we spoke with told us they also had a few hours companionship, which they said had helped them to integrate in the community. They said prior to this service they had become very isolated. They said. “I am much better at meeting people and developing friendships which has made a difference to my life.”

Senior supervisors carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person’s experience. They judged how staff maintained people’s dignity and respected people’s wishes. Staff received feedback from their supervisors which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Is the service responsive?

Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at four support plans for people visited. This included records kept in their own homes and the office. It was clear that the plans were person centred and reviewed as the support needs changed. The registered manager told us that they reviewed the care packages every three months but sooner if needed. One person told us that their care package started out as four times a day but now they only need support twice a day and this has now been reduced. The registered manager told us that from receiving a referral they responded quickly to undertake assessments and set up packages. New packages were generally in place within three working days.

People we spoke with told us they knew what was written about them by care workers and care workers always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed. People who we visited told us they were encouraged by care workers to remain as independent as possible. One person said, "I like to do things for myself but I know I need help in the morning to help me get dressed. The staff are very kind and patient." Another person said, "They [staff] do everything at my pace they don't rush me. Other agencies that I have had were always rushing to the next call."

People were provided with information about the service. This is called a 'Service User Guide'. The guide informs people of their rights, what they can expect from the service and how to raise concerns.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We looked at the records in relation to complaints and we saw that they were appropriately investigated and the complainant had received confirmation of the outcome. The registered manager told us some minor issues were dealt with by the appropriate staff straight away. The registered manager told us that she met regularly with team managers to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with when we visited them did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues. One person we spoke with said, "I have no complaints and I think they are wonderful." However, one person we spoke with on the telephone said, "I have complained once about the number of different carers that come, but that was a while ago and things seem to have settled down now."

The registered manager showed us a large folder which contained thanks you cards and emails from social workers complimenting the service for the care provided.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Is the service well-led?

Our findings

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall their assessments and told us these were face to face meetings. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the office staff and managers.

We found a positive culture which centred on the needs of people who used the service. People we spoke with told us they were very satisfied with the service they received. Comments included, “Staff are very good, they go the extra mile to make sure I have everything I need before they leave.” And “I have my favourite staff but they are all very nice.” A relative was keen to tell us that the care was very good as they had previously had bad experiences from other care providers.

Niche Care Limited had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of those values.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. They told us that they attended staff meetings and training sessions which gave them opportunity to raise any concerns and share knowledge. The operations manager told us that they had introduced a monthly newsletter which included nominations for the care worker of the month award. There was a £50 incentive for the winner. Comments about their achievements were captured in the newsletter. Staff told us the newsletter showed they were valued.

The registered manager told us that senior supervisors had responsibility to record activity that had occurred over the weekends and time was allocated to pass on the information to managers so they could action any problems.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls at the time they requested and for the length of the time they were assessed to need.

Senior co-ordinators conducted observations of care workers to check if they were delivering the care and support that met people’s needs and the quality of care provided. We looked at a number of records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

We found the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told the registered manager carried out care reviews at people’s homes approximately every three months, which included asking people about their satisfaction with the service they received. One person we visited said, “They (the staff) come and ask me if everything is okay and if anything needs changing, they are very good.”

The operations manager told us they were developing systems to gain the views of people who used the service. They told us that this would help to improve how the business operated. The registered manager told us the business was expanding and they needed to be able to still deliver good person centred care. She told us they did not want to over extend staff by taking on packages that they could not deliver safely.