

Nisacraftcare Limited

Nisacraftcare

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Nisacraft Care is a domiciliary care service providing personal care to people living in their own homes. This includes older people, people with dementia, people with a physical disability, learning disabilities or autistic spectrum disorder and mental health. At the time of our inspection there were 11 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

People were safe and protected from avoidable harm. There were processes in place to safeguard people from abuse. Staff knew how to report any concerns to the risk of abuse. Risks to people's health, safety and well-being were assessed and support developed to remove or reduce the risk. People received their medicines as prescribed. Staff had access to appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons when required. People were supported by staff who had been safely recruited.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. 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.

The registered manager had a system of quality assurance checks in place to monitor the safety and effectiveness of the service provided. The registered manager and management team were committed to providing a high standard of care to the people they supported and understood their responsibilities to them. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive.

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

Rating last inspection

The last rating for this service was good (published 14 December 2021).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nisacraft Care Limited on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

The details are in our well-led findings below.

Nisacraftcare

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

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes within a supported living environment. Supported living is a purpose-built or adapted single household accommodation. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support service. The service also provides an outreach service to support people in the community with social activities and events.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2023 and ended on 4 September 2023.

What we did before the inspection

We reviewed 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 this information to plan our inspection.

During the inspection

We spoke in person to the registered manager and the management team. We spoke with 3 relatives and 4 support workers to get their experience and views about the care provided. We reviewed a range of records. This included 3 staff training records and 3 people's care plans and risk assessments. We looked at 3 staff recruitment files, medicine records, quality assurance records and audits. We talked about the culture of the service and the overall 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "Safeguarding is everyone's concern, and if there were no managers around, I would call the local authorities safeguarding team for advice."
- There was a safeguarding policy in place that was in line with local procedures.

Assessing risk, safety monitoring and management

- People were safe because their known risks were assessed and mitigated.
- The risks to people's safety and wellbeing had been assessed, planned for and monitored. The provider assessed risks relating to healthcare conditions, falling, and moving safely. They also assessed specific risks identified for individual people. The assessments were regularly reviewed and updated.
- A staff member told us, "Risk assessments are in place, there are steps we take to lower the risk and to do our job in a safe way. We risk assess in a lot of areas like hoisting, going out in the community, if anyone is diabetic or has seizures."
- When people's needs changed, the assessments in their care plans were updated to reflect this.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety There were enough staff deployed to meet people's individual needs, wishes and goals.
- Where people required additional support for medical appointments, or accessing the community, this was provided accordingly. Comments from family members included, "I know [relative] is safe and well looked after by skilled staff who know what they are doing, and there seems to be enough of them."
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers 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.

Using medicines safely

- People who used the service received their medicines safely.
- Staff had training around the administration of medicines and their competency was assessed. The service ensured that staff knowledge and skills was current and provided regular refresher training sessions for staff.

- Staff recorded medicines administration. Medicines records were regularly audited and checked by the management team to make sure people had received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and the staff had received infection control training.
- Staff told us they had easy access to personal protective equipment (PPE).
- Managers completed regular infection control audits including checking PPE stock, hand hygiene and the wearing of PPE.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred.
- There were systems for learning when things went wrong. The registered manager investigated all incidents, accidents, and complaints. They shared learning from these with the team through meetings, debriefs and supervisions.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs.
- Needs assessments involved people using the service, their relatives, healthcare professionals and managers. Once a person's needs had been assessed, the staff team devised a personalised support plan which ensured people received the right care from the start.
- One family member told us, "They [staff] include me in meetings and they are on zoom which suites me."
- People, those important to them and staff reviewed plans regularly together.

Staff support: induction, training, skills and experience

- The service had clear procedures for team working and peer support that promoted good quality care and support.
- Family members told us staff were efficient, skilled and knew what they were doing and they thought their relatives were cared for well.
- One staff member told us, "Induction was good, and I can't complain I was shown how to access the electronic system and what was on the system like: policies, clients notes, care plans, risk assessments etc," another said, "I did some shadowing and I worked with staff with more experience, who showed me how to do things."
- The management team provided regular supervision meetings with the staff and supported newer staff to work through the Care Certificate booklet. 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.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat and drink in line with their cultural preferences and beliefs. A staff member told us, "Some people I support have a halal diet due to their culture and we support them to eat the appropriate food."
- There was information in people's support plans about allergies and dietary requirements as well as their likes and dislikes. This meant staff knew what to make for people and how they liked their food and drinks to be presented.

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

- Staff supported people to access healthcare services when needed.
- Information on people's health and diagnoses were recorded in detail in their support plan, which guided staff on how to support them to live healthy lives.
- The service involved other agencies and healthcare professionals with the aim to deliver safe and effective joined-up care to people

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 empowered people to make their own decisions about their care and support.
- A staff member told us, "People have the right to make their own decisions for example one person we support doesn't like doing any exercise although this would be good for [person], so all we can do is to encourage and listen to them and support them to find alternatives."
- Staff had attended training on the MCA and there was an up-to-date mental capacity act (MCA) policy and procedure in place.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were systems in place to ensure people had choice and control over their care. The service sought to promote a positive person-centred culture. Staff and relatives were positive about how the service was managed.
- One family member said, "The staff are great, and they involve me in everything and ask for my input, this is very important to me." Another said, "The staff engage with [relative], and support and encourage [relative] to try different activities."
- A staff member told us, "The managers ensure we provide very high person-centred care for people. They maintain a high-quality service and the support is there and they promote a fair and open culture."
- People's support plans were personalised, and the providers policies sought to place people at the centre of their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing and management structure in place
- The registered manager, management team and staff team were passionate about the support they provided across their services.
- Managers conducted meaningful supervisions with staff which exhibited the service's values and gave staff the opportunity to discuss how they were feeling and any concerns they may have..
- Managers monitored the service by carrying out a range of audits, including medicines, health and safety, and support plans. This was to ensure the quality of the service remained consistent and to highlight gaps as well.
- The registered manager was aware of their responsibility to notify other organisations, including local authorities and CQC of certain events which affected the service and/or people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service engaged with people and their relatives to seek their views on the care provided.
- The feedback for the surveys conducted in February 2023 was positive. A professional commented, " I've had positive experiences with Nisacraft throughout my time of working together with them."

- Staff told us they enjoyed working at the service. Feedback included, "We [staff] feel valued and respected by our managers, they listen to us and are there for us," and, "We [staff] can easily approach them [managers] they have an open-door policy."
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authorities they worked with. The aim of these groups was to help improve care services in the local area.
- The registered manager had good relationships with a wide range of organisations and other professionals involved in people's care. This enabled people to have a continuity of care and helped them achieve their goals to stay well.