

Naid Care Limited

Naidcare

## Inspection report

4 Nelson Street  
Southend On Sea  
Essex  
SS1 1EF

Tel: 01375808192  
Website: [www.naidcare.co.uk](http://www.naidcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Naidcare provides personal care to people living in their own houses, flats and specialist housing. This is a domiciliary care service and primarily provides a service to older people, older people living with dementia or who may have a physical disability. At the time of inspection there were 21 people using the service.

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

Risks for people were identified and recorded in relation to their care and support needs but information relating to how risks to a person's wellbeing and safety were to be mitigated were not recorded. Minor improvements were still required relating to the service's recruitment practices and procedures. Staff had not been assessed as competent before being involved in the administration of medicines. The manager was not formally registered with the Care Quality Commission.

There was a low incidence of safeguarding concerns and these were recorded and investigated. There were suitable numbers of staff to keep people safe and meet their needs. People received their medicines and accurate records were maintained. People were protected by the prevention and control of infection.

Staff received an induction, supervision and support in their role and areas of responsibility. People's healthcare needs were promptly met, and staff supported them with any nutritional and hydration needs. 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.

People state the service is consistently well-led. Improvements have been made in relation to the service's governance arrangements. The service involves people, relatives and staff in a meaningful way. The provider worked alongside other agencies to meet people's needs.

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

The last rating for this service was requires improvement (published 10 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We carried out an announced comprehensive inspection of this service in August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to person centred care, safe care and treatment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained unchanged. This is based on the findings at this inspection.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Naidcare

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the Local Authority. This information helps support our inspections and we used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the manager, the care coordinator and the Human Resources manager. We reviewed a range of records including four people's care and support plans and reviews, risk

assessments, medication administration records, staff recruitment and training records.

#### After the inspection

We reviewed records used in managing the service, for example, policies and procedures and quality assurance monitoring records. We spoke with two members of staff and five people's relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in August 2019, not all risks to people were recorded. Safe medicine practices and procedures were not always followed. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

### Assessing risk, safety monitoring and management

- Risks for people were identified and recorded in relation to their care and support needs. However, further information was required to demonstrate how risks to a person's wellbeing and safety were to be mitigated and to ensure these were individualised, person-centred and not generic.
- Risk assessments were completed for people using the service and staff in relation to the risks posed and presented by COVID-19.
- Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

### Staffing and recruitment

- The provider used an electronic system to plan staff allocations and to monitor missed and late calls.
- People told us there were enough staff available to provide the care and support as detailed within their support plan. Relatives told us there had been missed and late calls in 2020 at the height of the pandemic but these were now infrequent. In general staff stayed for the allocated time as detailed within people's support plan.
- People spoken with stated they or their relative were generally supported by the same staff to ensure continuity of care and to enable a culture of trust and rapport to be established. However, when an unfamiliar staff member was required to provide support due to staff annual leave or sickness, neither the person using the service or their relative was forewarned in advance. The impact of this meant some people found this situation difficult and confusing to understand and adapt to.
- Most recruitment checks as required by regulation had been undertaken to ensure staff employed were suitable to work with vulnerable people. This referred specifically to gaps in employment not explored for one member of staff, no evidence of an Adult First Check for one member of staff and no evidence of interview records for two staff members. This was discussed with the provider's representative responsible

for overseeing Human Resources [HR].

#### Using medicines safely

- We looked at the Medication Administration Records [MAR] for four out of 21 people using the service. These showed people received their medicines as prescribed and records were kept in good order.
- Where appropriate and safe, people were supported to maintain their independence by being supported to self-administer their medicines.
- Suitable arrangements were in place to audit people's MAR forms. This enabled errors to be identified at the earliest opportunity and lessons learned.
- Staff had received medication training but had not been assessed as competent before being involved in the administration of medicines.

#### Systems and processes to safeguard people from the risk of abuse

- No concerns were raised by people using the service or relatives relating to the safety of their family member. One relative told us, "It is a comfort to me that someone is visiting each day, giving me assurance that [name of relative] remains in good health." A second relative told us, "I definitely had no concerns about [relatives] safety."
- There was a low incidence of safeguarding concerns within the last 12 months. An analysis of data shared with us demonstrated there had been two safeguarding concerns raised and these were being investigated in conjunction with the Local Authority.
- Staff had received safeguarding training, and this was up to date. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the office and external agencies, such as the Local Authority or Care Quality Commission.

#### Preventing and controlling infection

- Staff had received infection, prevention and control and COVID-19 training. Although no concerns were raised with us relating to staff not wearing appropriate Personal Protective Equipment [PPE], staff had not received 'donning and doffing' training.
- Staff had access to enough PPE to help prevent the spread of infection.
- We were assured the provider was accessing COVID-19 testing for staff in line with government guidance and guidelines.

#### Learning lessons when things go wrong

- This inspection highlighted some lessons had been learned and improvements made since our last inspection in August 2019. People using the service had a support plan in place detailing their care and support needs. Staff had received opportunities to complete mandatory training and improvements had been made to the services recruitment practices.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in August 2019, not all staff had evidence of up to date training. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Staff support: induction, training, skills and experience

- Staff received training so they could meet the needs and preferences of the people they cared for and supported. This referred to both mandatory and specialist training, for example, training relating to people's specific healthcare needs and conditions.
- Staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Staff told us they felt supported by the manager and care coordinator. Staff received formal supervision and 'spot checks' were completed at regular intervals. The latter is where the provider's representative can observe a member of staff as they go about their duties to ensure they are meeting the organisations values, standards and expectations.
- A member of staff had commenced the 'Care Certificate' but this had not been completed despite having been employed since June 2020 and having had no previous experience in a care setting or having attained a professional qualification. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. It is also the minimum training that staff should receive as part of their induction.

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

- People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their dietary needs were met.
- People's daily care notes demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the office or the registered manager for escalation and action.

Adapting service, design, decoration to meet people's needs

- The domiciliary care service office operated from a permanent property. The office is on a main bus route and a short distance from two mainline railway stations. However, the office is on the second floor and would not be easily accessible for people who have a physical disability.
- There is enough room for the management team to conduct their business and there are training facilities available for staff for training purposes and face-to-face staff meetings when these are able to be resumed following the pandemic.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received MCA 2005 training and demonstrated a basic understanding of the legal framework.
- Staff asked for consent from people before providing care and support and recognised the importance of people making choices.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

At our last inspection to the service in August 2019, not all people using the service had an assessment detailing their care and support needs. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had a support plan in place describing their individual care and support needs. This included the level of support required, the number of staff required to provide support at each visit and additional duties and tasks to be undertaken, such as housekeeping, shopping and supporting people to attend healthcare appointments.
- No one using the service was assessed as being at the end of their life. The manager advised, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a lack of evidence to demonstrate how the service assessed people who had a disability, impairment or sensory loss to receive information they can access and understand.
- There was nothing to show information was provided in an appropriate format that people can read and understand, for example, braille, audio, easy read, large print or pictorial.

Improving care quality in response to complaints or concerns

- There was a low incidence of complaints at the service. A record was kept and maintained of each complaint, including details of the investigation and any action taken.
- People confirmed they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. One relative told us, "I felt confident to raise issues and found the management team approachable. I have had no reason to complain."
- However, some relatives expressed concern that not all telephone calls were returned or returned in a

timely manner.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection to the service in August 2019, effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

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

- Relatives were complimentary about the care and support their family member received. One relative told us, "The level of care has been good, and staff are attentive and do their job." A second relative stated, "We had three brilliant care staff, couldn't have asked for more. Staff went over and beyond and were like a family to us."
- The provider's arrangements for monitoring the quality of the service provided had been reviewed since our last inspection in August 2019. Suitable arrangements were now in place to evaluate and review people's MAR forms. Staff had received mandatory training and a member of staff had completed 'train-the-trainer' training. All people using the service had a support plan in place and systems were in place to monitor and audit these records.
- Improvements were still required to ensure people's risk assessments were individualised and person-centred and sufficient information recorded detailing how risks were to be mitigated. Whilst significant improvements had been made to the service's recruitment practices, further progress was still required. Medication competency assessments remained outstanding and had not been addressed.

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

- The manager was not registered with the Care Quality Commission. The manager confirmed an application to register with us had been forwarded but upon checking our records this had not been received.
- The manager was aware of their roles and responsibilities and there was evidence to show since their appointment in November 2019, the service's ability to meet regulatory requirements had improved.
- We found there were aspects of the service where the manager was not involved as these responsibilities

had been delegated by the provider to another staff member. This referred to staff recruitment, induction and training. This was problematic as the manager was unaware of the improvements still required relating to recruitment, ensuring staff had completed medication competency assessments and that the completion of the Care Certificate remained incomplete for a staff member employed in June 2020. The manager remains responsible for these areas despite these being delegated to the HR administrator and it is the provider's responsibility to ensure information is shared with the manager.

- Staff understood their role and responsibilities and were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- Staff were positive about working at the service and consistently described the manager and care coordinator as supportive, approachable and understanding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people using the service and their relatives through satisfaction surveys. The provider's satisfaction survey report dated August 2020 suggested people were happy with the service provided.
- Care reviews were completed at quarterly intervals for people and relatives involved.
- Despite the pandemic, suitable arrangements were in place for the management team to attend regular online meetings. This enabled the team to discuss the ongoing business arrangements and general running of the service.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals where support and interventions were required to meet their needs.