

J. Nissi Health Care and Medical Rehabilitation Ltd

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Inspection report

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

J.Nissi Health Care and Medical Rehabilitation LTD is a domiciliary care agency. It provides personal care to people living in their own homes. When we announced the inspection, the provider told us they were supporting 2 people. The following week we were notified that all care packages had ceased during the initial inspection stage. As a result, we carried out a targeted inspection.

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

Risks to people had not been assessed and planned for. Medicines were not always managed safely. We have made a recommendation about the management of medicines and assessing risk.

There was limited information recorded within people's files about their health needs, likes and dislikes and personal preferences. We made a recommendation to the provider to review their assessment process and care plans. Care plans were not person centred and did not record people's end of life wishes.

We were not assured the provider had effective procedures and paperwork in place to ensure people received safe care and support.

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

Rating at last inspection

This service was registered with us on 31 May 2017 and had periods of dormancy. We have carried out a targeted inspection as the service stopped providing a regulated activity during the inspection.

Why we inspected

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

Recommendations

We made 4 recommendations to the provider, regarding assessing risk, medicine management assessing people needs and providing person centred care.

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?

We did not have sufficient evidence to rate the safety of the service.

Insufficient evidence to rate

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Insufficient evidence to rate

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive

Insufficient evidence to rate

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led

Insufficient evidence to rate

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

1 inspector carried out the inspection.

Service and service type

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

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

Inspection activity started on 18 April and ended on 24 May 2023.

During the Inspection.

We reviewed the information we held about the provider. The provider was not asked to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with senior staff. We reviewed a range of records. This included two people's care records and a range of records relating to service. We were unable to speak with staff or people who had received care.

Is the service safe?

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate the safety of the service. We will assess the whole key question at the next comprehensive inspection of the service.

Using medicines safely

- We were not assured the provider was administering medicines safely. Senior staff told us they did not currently administer medicines for people, but they prompted one person to take their medication by providing a reminder. However, within the provider's medicines policy there was no definition of what "prompting" entailed. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.

We recommend the provider review their medicines policy to ensure they are following national guidance.

Assessing risk, safety monitoring and management

- Risk to people were not assessed correctly. Risk assessments did provide information for staff but the template they were using was not suitable if they needed support. For example, we read when a risk needed to be escalated "A decision should be made whether the risk should be added to the Trust Risk Register." This meant that staff did not have sufficient information or guidance to seek support if people's needs changed.
- The provider was not carrying out environmental risk assessments of people's home which meant we were not assured that there was suitable information in place to mitigate potential risk for staff.

We recommend the provider review their procedures to ensure they are following best practice for managing and mitigating potential risks.

Learning lessons when things go wrong

- The provider had processes in place for the reporting of any accidents and incidents. There had been no records of incidents or accidents since the service started operating so we were unable to see if the processes were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was effective. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was carrying out an initial assessment before they started to receive care, however, there was limited information recorded about people's protected characteristics and people's overall health and medical history. This meant we were not assured that staff had the necessary information to understand people's needs.

We recommend the provider review their practice to ensure they have all the necessary information to assess people's needs correctly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were assessed and recorded within their care plan. However, there was limited information about what people liked to eat and how staff could support them.
- There was no information within people's care plans about health and social care professionals involved in their care. This meant the provider did not have information of who to contact in an emergency. As the service was small the registered manager told us they had not worked with any agencies yet but going forward as the service expanded, they would start to connect with relevant healthcare professionals.
- The registered manager was not recording people's oral health needs which meant staff would not what people's daily oral healthcare was.
- People's nutritional and hydration needs were assessed and recorded within their care plan. However, there was limited information about what people liked to eat and how staff could support them.

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.

- The provider had an MCA policy in place, but we were unable to determine if the provider had the correct assessments in place to support people who lacked capacity.

Is the service responsive?

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was responsive. We will assess the whole key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Care plans were not personalised, and they provided limited information and guidelines for staff so they could meet people's needs and preferences. For example, there was no information about the people's background, family, likes, dislikes and hobbies which could provide staff with context and areas of interest when speaking with people.

End of life care

- End of life care was not being provided at the time of the inspection; however the provider did not have a section within the care plan to record any relevant information regarding people's wishes. We raised this with senior staff, and they told us they would be reviewing their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was well-led. We will assess the whole key question at the next comprehensive inspection of the service.

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

- The service did not have quality assurance systems in place to monitor service delivery, senior staff told us they had not completed any monitoring as they service had only been operating for three months. They told us they had systems in place to monitor the care people received.
- It was clear that senior staff were not fully aware of the inspection process as they asked the inspector why we needed all the information as they were only providing care to two people.
- Senior staff did not always provide information in a timely way, and it was evident from what we viewed that further work was required to ensure people received safe care and support.