

N.I.S.E. Nursing Limited

NISE Nursing Ltd

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 ●

Summary of findings

Overall summary

About the service

NISE Nursing Ltd (previously registered as Leicester) provides personal care to people who live in their own homes in the community. There were two people using the service at the time of this inspection. The service offers complex 24 hour care packages for people with mental health issues and people with a physical or learning need that require constant care.

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

People's representatives told us they received safe care from consistent staff who knew people's needs well. Risks to people's safety and wellbeing were outlined in people's records and known to staff. One involved professional told us : " they come across as one of the best teams in my experience and I have no doubt they would act on any concerns appropriately."

Staff adhered to good practice around infection control.

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.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills and training.

Staff had developed positive and caring relationships with people. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way.

There were appropriate management arrangements in place and professionals were very positive about their relationships with the organisation including responsiveness and pro-active communications.

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

The last rating for this service was Good (published 03 October 2017).

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

NISE Nursing Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out 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 and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 there would be someone in the office available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one member of the office staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke on the phone with the registered manager, and four carers including the team leader. Because neither of the people looked after were able by virtue of their conditions, to speak to us, we spoke to two of their professional representatives who advocate for them. We also had email or telephone contact with two commissioners who oversee the care packages and three therapy professionals who see the people on a regular basis and work alongside the Agency.

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 good. At this inspection this key question has now the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place, Staff had received safeguarding training and understood what to do to make sure people were protected from harm.
- One visiting professional told us staff "were very pro-active and responsive" in ensuring the person they looked after was kept safe and protected from abuse.
- Staff understood the whistleblowing policy and were clearly able to describe the actions they needed to take if they had concerns.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed and guidance to reduce those risks were recorded in people's support records. Records were regularly updated.
- The registered manager had systems and processes in place for recording and reviewing accidents and incidents. They used audits to reduce the likelihood of incidents happening again. Learning from incidents was shared with staff to prevent recurrence, and prompt referrals were made to external agencies such as occupational therapy, when identified.

Staffing and recruitment

- Effective recruitment procedures were in place to fully check applicant's employment records and experience; applications and interview records were thorough.
- Disclosure and Barring checks were carried out before staff started working, these help employers make safer recruitment decisions.
- Commissioners and visiting professionals were positive about staff. One commissioner told us they were "impressed with the staff's knowledge and empathy" with the person concerned.
- The staff group for each care package all worked well as a team, and there were enough staff to ensure the level of support required.

Using medicines safely

- Staff administering medication had all received medication training. Recording was done in a timely fashion and was audited.
- Staff told us they were aware of the medications they were giving to people, and what they were for.
- One person had been able to reduce a psychotic medication due to the personal support they were now getting.

- Care plans had person specific details about the way they wanted their medication administering.

Preventing and controlling infection

- Staff had received training in infection control and how to use PPE effectively and safely.
- Staff were accessing testing for both people using the service and themselves.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We saw the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff.
- The registered manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.

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 Good. At this inspection this key question has now remained the same.

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's needs were assessed before they started to receive care and support from the service to ensure they could be met. Reviews were held when people's needs were seen to change, and in consultation with their representatives additional resources were put in place.
- Information from assessments was used to develop person centred plans which had been signed by either the person or their designated representative.
- The registered manager worked with people and their representatives to gather information about the person's health, wellbeing, communication religious and cultural needs so care plans were detailed and reflected how the person wanted to be supported.

Staff support: induction, training, skills and experience

- Staff training was up to date. Staff all described the training provided as 'good'. One staff member told us they were able to ask for additional training to meet a person's specific needs where required.
- All staff spoken to had a wealth of experience and said additional training to look after the person they were caring for had been provided.
- Being trained on how to use a new piece of mobility equipment had been more difficult during the lock down. The registered manager had addressed this by providing additional training and support.

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

- One person was fed using an enteral feeding tube to support their nutritional needs. Staff had been trained by the community enteral team to administer nutrition, fluids and medication via this route.
- Another person had worked with staff to prepare their favourite cultural meals, and a staff member said, "I have learnt to cook these dishes for (name) who really enjoys them, and now I cook them for my family too, so my learning has helped everyone".

Staff working with other agencies to provide consistent, effective, timely care

- Due to nature of the care packages staff had to engage with a wide variety of agencies. These included commissioners, legal services, Occupational Therapy, as well as having developed good working relationships with the relevant GPs.
- When we spoke to other agencies, they were consistent in their positive feedback about the service. One professional said "The staff I have met have been confident and knowledgeable about all they do"

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.

Where people were unable to make decisions for themselves, mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative, a designated person and health professional.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke with compassion about the people they provided care to. One staff member said: "When I do something for them, I do it from my heart".
- Professionals told us they promoted care by way of a partnership with the person where everything is mutually discussed and agreed and nothing decided without the person and/or their representative.
- One person's representative told us "We have been happy with the level of communication via telephone and email. NISE Nursing contact us when there are any issues or should there be anything urgent which needs addressing. This means we can act quickly to ensure (name) gets the resource they need."
- Staff told us they felt "Supported and could approach their manager at any time, even at midnight".
- People's diverse needs were assessed, which included people's cultural and religious needs.

Supporting people to express their views and be involved in making decisions about their care

- All staff worked together to support people to make decisions and understood when to involve families or outside agencies to support individuals in the decision-making process.
- Commissioners spoke highly of the organisation's ability to be proactive about escalating identified needs to the correct authorities.

Respecting and promoting people's privacy, dignity and independence

- Staff knew the people they worked with very well and knew how to ensure their dignity was not compromised.
- Staff showed genuine affection and concern for each person. One staff member said: "I have been in care for many years and now I enjoy each day going to work". Another staff member said: "We have improved (name of person) quality of life and they appreciate that improvement".
- Staff spoken too told us how they supported and prompted people to be as independent as they could be.

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 Good. At this inspection this key question has now remained the same.

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

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

- All staff involved with each person's care ensured care plans were updated as people's needs and choices changed, so they accurately reflected the preferences of each person.
- Care plans were seen to be personalised, highly detailed and up to date.
- People and their representatives were all involved in the care planning process which was regularly reviewed and updated.

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.

- People's communication needs were known to staff and outlined in people's care plans. This was particularly relevant for one person who was nonverbal but had their own ways of communicating with staff using signs, symbols and more recently assistive technology.
- The registered manager sought the information about people's preferred method of communication at the assessment stage. This included the way people chose to be contacted, for example, by email or phone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person was supported to access the community and engage in activities they found fulfilling.
- People were supported to follow their religion and other culturally important activities.

Improving care quality in response to complaints or concerns

- Commissioners and other professionals told us they had not made any complaints, but they were satisfied if they had any concerns they would be immediately addressed.
- We saw the registered manager had a system and process for recording concerns and complaints. None had been received in the twelve months prior to our inspection.

End of life care and support

- The registered manager confirmed no people were receiving end of life support at the time of our inspection. Currently neither person supported had an end of life plan in place, although conversations were

ongoing with their representatives.

- The team said they would work closely with other external health professionals to ensure people had a dignified and a pain free death.

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 Good. At this inspection this key question has now remained the same.

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

- Staff we spoke with told us the service was well-managed. They said "nothing was too much trouble" for the registered manager who went "above" their role to provide support to staff and people using the service. When there had been an issue the registered manager had recognised this and had worked to address it.
- All staff members spoken too told us there was good teamwork and generally high staff morale. One staff member said (name) person "is our life, we enable them to live their best life."

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 management team understood their responsibility to inform CQC about events which affected their service such safeguarding or the absence of the manager for more than 28 days.
- There was an open and transparent culture in the service.
- The provider had appropriate policies in place as well as a policy on the Duty of Candour. This ensured the provider acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- The service had a registered manager in post who was supported by a co-ordinator. All staff said they always had access to the registered manager.
- Professionals told us they were happy with the management and the registered manager's responsiveness.
- Most staff we spoke with felt very supported by the registered manager and found them approachable and fair. One person receiving care was some distance away from the office and during the pandemic lockdowns some staff had felt isolated, due to the long shifts necessary to provide the person's 24 hour care. The registered manager was aware of this and addressing the concern.

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

- The service worked in partnership with health and social care professionals. One professional told us, "I

would say the communication they have with external agencies is very good." Another professional said, "They change the environment and working practices to meet changes in needs and are able to provide prompt risk assessments."

Continuous learning and improving care, Working in partnership with others

- All staff said they could speak to other professionals about the care they provided. This included speech and language therapists and occupational therapists. This ensured people had the care they needed from the right people at times when they needed it.
- Staff generally praised the access they had to training, describing it as "Good, better than I have had before".