

Naid Care Limited

Naidcare

## Inspection report

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Date of inspection visit:  
24 February 2016  
25 February 2016  
01 March 2016

Date of publication:  
29 June 2016

## 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

Naid Care provides personal care and support to people in their own homes.

Following our inspection to the service in September 2015, an Urgent Notice of Decision was issued to the registered provider advising that no further admissions could be made to the service until 1 January 2016.

This inspection was completed on 25 February 2016 and 1 March 2016. There were three people using the service when we inspected.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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. The service was managed on a day-to-day basis by the registered provider and a newly appointed manager. At the time of this inspection the newly appointed manager was awaiting a date for their 'Fit Person' interview.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Risks to people's health and wellbeing were appropriately assessed and managed to ensure their safety.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and were supervised at regular intervals.

Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs.

Staff understood the requirements of the Mental Capacity Act 2005. Staff demonstrated how to apply the principles of this legislation to their everyday practice and to help ensure that people's rights were protected.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported. People told us that they were treated with respect and dignity.

An effective system was available to respond to complaints and concerns. The provider's quality assurance arrangements were much improved to ensure that they strived towards continued development, so as to provide a good quality service and to meet regulatory requirements.

## 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 is safe.

Appropriate arrangements were in place for managing risk and risk assessments were proportionate and centred around the needs of the individual person.

There was enough staff available to meet people's needs safely.

The provider had systems in place to safeguard people using the service and to ensure that people were protected from abuse.

### Is the service effective?

Good ●

The service is effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported by staff, so as to ensure that they received sufficient nutrition and hydration.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being. People experienced positive outcomes with regard to their healthcare needs.

### Is the service caring?

Good ●

The service is caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and responded appropriately, so as to ensure that these were met.

The provider had arrangements in place to promote people's

dignity and to treat them with respect. People were able to maintain their independence where appropriate.

**Is the service responsive?**

**Good** ●

The service is responsive.

Staff were responsive to people's care and support needs.

People's support plans were detailed to enable staff to deliver care and support that met people's individual needs.

People were confident to raise any concerns and were assured that these would be taken seriously, explored and responded to in good time if the need arose.

**Is the service well-led?**

**Good** ●

The service is well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive. The provider had implemented systems in place to monitor and assess the quality of the service provided.

# Naidcare

## **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 is 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.

This inspection took place on 25 February 2016 and 1 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available at the office.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with three people who used the service, four relatives, five members of support staff and the manager.

We reviewed three people's support plans and support records. We looked at the service's staff support records for seven members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

# Is the service safe?

## Our findings

At our last inspection on 1, 4, 7 and 8 September 2015 concerns were raised that staff working at the service had not been recruited properly. The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not safe and had not been operated in line with the provider's own policy and procedure. Appropriate arrangements were not always in place to manage risks to people's safety. In addition, not all staff employed at the service could demonstrate a good understanding and knowledge of safeguarding procedures. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 23 November 2015 detailing their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us by the provider had been made and new staff employed to the service had been recruited properly. Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed since our last inspection in September 2015 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure and regulatory requirements. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with vulnerable people.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. These related to people's manual handling needs, catheter care, falls and environmental risks to ensure people's and staff's safety and wellbeing. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom. This showed that people's individual risks were assessed and staff knew how to keep people safe.

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety. Staff told us that they would not hesitate to raise a safeguarding if they suspected abuse and demonstrated an awareness of whistleblowing procedures.

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were safe. One person told us, "I can trust the staff that visit me. They [staff] make me feel very safe." Another person told us, "I feel safe here. I am comfortable with the staff and have no concerns." Relatives told us that they were confident that their member of family was kept safe when staff visited their member of family's home.

People who received a service had their care package funded by the NHS. The care package assessment determined the staffing levels to be provided in order to meet the person's needs. Relatives told us that staff

stayed for the full amount of time allocated and in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. One relative told us that where their member of family was not always ready to be assisted onto their bed, staff were flexible and often came back to attend to their relative's needs at a later time. The relative told us that both their relative and them appreciated this. People who used the service and their relatives told us there had not been any missed calls and few late visits. People confirmed that where the latter occurred they were informed by staff that they were running late and would be with them as soon as possible.

We were unable to assess if the provider's arrangements for the management for medicines were appropriate and safe as relatives of people who used the service told us that they administered their member of family's medication.

## Is the service effective?

### Our findings

At our last inspection on 1, 4, 7 and 8 September 2015 we found that staff had not received appropriate training, a robust induction, regular supervision and an annual appraisal. There was little or no evidence to show that staff had received training relating to the needs of the people they supported. Additionally, an effective induction programme was not in place for newly appointed staff. Staff had not received regular formal supervision and staff employed longer than 12 months had not received an annual appraisal. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 23 November 2015 detailing their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made. People told us that, in their opinion, staff who attended to them were appropriately trained. Appropriate arrangements were in place to ensure that staff received suitable training so that they could meet the needs and preferences of the people they cared and supported. Staff training records viewed showed that staff had received training in key areas. Staff told us that since our last inspection to the service in September 2015, all staff whether newly employed by the provider or an existing member of staff, had received face-to-face mandatory training in a range of topics. One member of staff told us, "The training we have received has been excellent. The training provided is much better and I now feel much more confident and can cope with whatever happens on shift." Another person told us, "The training provided was 'classroom' based. It was really good as it relates to my role. I now feel that I can be effective and provide a good level of care."

Staff told us that they now received formal supervision and 'spot visits' at regular intervals. The latter is where a member of the organisation calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties. Staff told us that supervision was used to help support them to improve their work practices. One member of staff told us, "We get good support from the manager. If I have any issues they are there for advice." Another member of staff stated, "The manager contacts us regularly. I feel well supported and I know I can contact them if I have any concerns or worries." Records confirmed what staff had told us and showed the topics discussed and agreed actions. Although not all staff employed at the service had received an appraisal, the manager had taken suitable steps to ensure that this process had been implemented and commenced. This showed that formal support arrangements were now instigated and in place for staff.

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. 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 were being met.

Although staff employed at the service had not received Mental Capacity Act 2005 (MCA) training at this time, staff were able to demonstrate their knowledge and understanding of the requirements of the Mental



Capacity Act 2005. Staff were able to give examples of how they ensured that people's human rights were respected. Additionally, staff told us and people using the service confirmed that they were always asked to give their consent to their care and support where appropriate. Staff stated that where people using the service did not have the ability to make day-to-day decisions, decisions would be made in their best interests. Staff confirmed that two out of three people currently using the service had capacity to make day-to-day decisions and one person had their relative to advocate on their behalf. Following the inspection the manager confirmed that MCA and DoLS training was planned for March 2016.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day in line with their personal preferences. One person told us, "Staff give me my meals as made by my family. They also get me drinks when they are here." Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their nutrition and hydration needs met. For example, one member of staff advised that one person who used the service had their meals prepared by their family. Staff's involvement was solely to microwave the prepared meal, to serve the meal and ensure that the person had sufficient drinks to hand until their next visit.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with care staff and their family members. Staff told us that if they were concerned about a person's health and wellbeing these would be relayed to the domiciliary care service office for escalation, advice and action.

## Is the service caring?

### Our findings

People told us that they or their member of family were treated with care, kindness and compassion. One person told us, "The staff are great. The staff provide wonderful care for me. I can't complain about any of them. [Name of member of staff] is full of fun and makes me laugh." Another person told us, "The girls are very kind and caring. I can't fault them really. The girls do a good job." One relative told us, "The staff that come here really care about [name of family member]. I feel that they [staff] know and understand [Name of person] needs and that the staff know what they are doing when attending to their care and support needs. I can't ask for more." People and those acting on their behalf told us that they had a good rapport and relationship with staff.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with aspects of their personal care. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process and where appropriate had signed to state that they agreed with the content of the support plan.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. People told us that although staff used the 'key safe' to gain entry to people's homes, staff always shouted out to them to let them know they were entering and to confirm who they [staff] were. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. One relative told us, "The staff help [name of relative] to put their jewellery on. This is really important to my relative."

## Is the service responsive?

### Our findings

People told us that they received good personalised care that was responsive to their needs.

Support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Records also showed that key assessments relating to health and safety, medication, moving and handling and environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were very knowledgeable about the needs of the people they supported and this was reflected from the information recorded within people's support files.

Where people's circumstances had changed, the support plan had been reviewed and updated to reflect changes in people's needs. For example, one person's care plan initially made reference to them having had their dietary needs met through the insertion of a Percutaneous Endoscopic Gastrostomy (PEG) tube. The care plan had been reviewed to reflect that this was no longer in place. Staff were able to demonstrate that they were aware of this information. Additionally where requests from funding authorities and healthcare professionals were made, there was evidence to show that these had been considered and put in place. For example, a request had been made for behaviour analysis charts to be completed for one person to record incidents when they occur relating to them being anxious and distressed. There was evidence to show that these were being completed.

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person told us, "If I had a problem I'd speak to my relative." The person's relative confirmed that if they were worried or had any concerns they would not hesitate to contact the main office. Relatives confirmed that they had confidence in the manager and provider to address any issues in a timely manner.

# Is the service well-led?

## Our findings

At our last inspection on 1, 4, 7 and 8 September 2015 we found that although the provider had quality assurance arrangements in place, this had not been implemented. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 23 November 2015 detailing their progress to meet regulatory requirements.

Following the last inspection in September 2015 and given our concerns, the registered manager cancelled their registration with the Care Quality Commission. The provider appointed a new manager and at the time of this inspection they had applied to be registered with us. In addition to their role, the new manager acted as consultant to the provider.

Staff told us that they felt valued and supported by the manager. They told us that the manager was approachable and there was an 'open culture' at the service. Staff confirmed that the manager lead by example and was 'hands on,' providing much valued support and advice as and when staff required it. All staff spoken with confirmed that they enjoyed working at the service. One member of staff stated, "I love what I do and I like working here. The people [people using the service] are lovely and I like helping them and providing support." Another staff member told us, "It is brilliant here and I absolutely love it. There is good team work here and we are there for each other."

We found that arrangements were in place to assess and monitor the quality of the service provided. Information provided to us following the inspection showed that data relating to compliance, for example, care plans and care plan reviews had been implemented and completed. Additionally, data relating to supporting staff, such as, supervision, appraisal and 'spot visits' had been completed to ensure that these were happening. These also included future scheduled and predicted dates for 2017 and monitoring of staff training and staff recruitment records, so as to ensure all records required were in place.

Staff meetings had been initiated and held since our last inspection in September 2015. Minutes of meetings were readily available and showed that these had been undertaken in October 2015 and February 2016. Staff told us that they had a 'voice' and were able to express their views freely. Staff confirmed that they found the meetings to be a two-way process.

The manager confirmed that people using the service, those acting on their behalf and staff now had the opportunity to provide feedback to the provider about the quality of the service delivered through the completion of questionnaires. These were readily available and showed that people who used the service and those acting on their behalf were satisfied with the overall quality of the service provided. Staff's questionnaires confirmed that staff working at the service found their role to be satisfying and enjoyable.