

Niche Care Limited

Niche Care Cheshire East

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Niche Care Cheshire East is a domiciliary care agency providing personal care to people in their own home. At the time of the inspection the service was supporting 69 people.

Not everyone who used the service received personal care. The Care Quality Commission (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

We found shortfalls in relation to the safe administration of medicines. Staff had not always followed procedures to ensure medicines were administered as prescribed.

The provider was unable to evidence all staff had adequately demonstrated the required levels of competency to carry out their roles. There were gaps and inconsistencies in records relating to staff checks, such as medicine administration or moving and handling.

People gave mixed feedback about the timings of care calls and consistency of staff. Some were positive however, others felt call timings varied and they did not always see familiar staff. The provider was recruiting new staff and had recruited several new supervisory staff. They had undertaken a review of the rotas and were continuing to monitor and make further adjustments.

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. However, the policies and systems in the service did not fully support this practice. There were gaps in some staff knowledge around capacity assessments.

We have made a recommendation about following MCA guidance.

Whilst formal complaints were dealt with in line with their policy, other concerns had been received, which were not fully recorded and available for review.

We have made a recommendation about the complaints process.

Accidents and incidents had not been recorded as per the provider's policy, staff needed further guidance on the full use of the electronic recording system. The management team had acted in response to feedback provided to make some improvements to people's care.

A risk assessment had been undertaken in relation to the impact of COVID -19. Regular staff testing was being undertaken. Staff had access to personal protective equipment (PPE) when visiting people.

Overall people received care which considered their individual needs. Staff identified changes to health needs or concerns, contacting health professionals when needed.

People who used the service generally felt safe with the care and support staff provided. People and their relatives told us staff were kind and caring, promoted their dignity and encouraged them to be as independent as possible.

The provider's quality assurance systems had not effectively identified all of the issues identified during this inspection. The management team were responsive to the inspection findings and were keen to take action to make the necessary improvements.

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 10/07/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safe recruitment of staff, staff training and competency and staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the safe administration of medicines, staff training and competency and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Niche Care Cheshire East

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 carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 48 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and arrange to speak with people, relatives and staff by telephone. This helped minimise the time we spent in face to face contact with the manager, staff and people who used the service.

Inspection activity started on 26 January 2021 and ended on 2 February 2021. We visited the office location on 28 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. 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.

During the inspection

We spoke with four people who used the service and five family members about their experience of the care provided. We spoke with seven members of staff including, care staff, the branch manager and the operations director, who was also the registered manager for the location.

We reviewed a range of records. This included seven people's care and/or medication records. We looked at five staff files in relation to recruitment, training and staff supervision. We also looked at quality monitoring records relating to the management of the service such as policies and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 newly registered service. This key question has been rated requires improvement. 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.

Using medicines safely

- Staff had not always followed procedures to ensure medicines were administered as prescribed. Records showed a few occasions where staff had administered medication to a person, which was not on the medication administration record (MAR). We discussed this with the branch manager who thought this was no longer prescribed.
- Gaps between care calls were not always sufficient to allow enough time between dosages of certain medication. For example, at least a four-hour gap for paracetamol.
- Care plans and guidance for medicines prescribed "when required", did not contain enough information for staff to administer these consistently and safely. Specific guidance was also required for staff to know where to apply topical creams.
- Staff had been given some medication training but had not always had suitable checks to ensure they were competent to administer medicines safely.

We found no evidence that people had come to harm, however the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- There was an electronic call monitoring system in place, which alerted the management team to any late or missed calls, so action could be taken. There were no missed calls recorded.
- Assessments and care plans included information about potential risks and measures to minimise the risk, including environmental risks. However, those relating to medicines required further detail.
- There was a business continuity plan in place which had been updated to reflect the Coronavirus pandemic and how the service would respond to unexpected emergencies.

Staffing and recruitment

- Since registering the service in July 2020, a significant number of people and staff had transferred to Niche Care from another care provider in the area. There was a focus on the recruitment of new staff.
- People gave mixed feedback about the timings of care calls and consistency of staff. Some were positive however, others felt call timings varied and they did not always see familiar staff.
- They told us, "Most of the visits are on time, or within agreed window for visit", "About 90% of visits are on time, sometimes they are a bit late, but they do come and I don't have missed visits" and "They could improve on an organisation level, with better timing."

- Staff views varied about staffing levels. Some had a regular rota and felt they had enough travel time. However, others expressed concern about last minute changes to the rota, extra calls being added and insufficient time for breaks and rest.
- Staff sickness and staff leaving had resulted in additional pressure. The provider had undertaken a review of the rotas to make improvements to the timings and consistency of calls. One staff member confirmed, "Things are now settling down".
- Safer staff recruitment procedures were in place and being followed.

Learning lessons when things go wrong

- Systems were not fully implemented to ensure learning occurred when things went wrong.
- There were procedures for staff to follow to record any accidents and incidents. However, there were examples of accidents which had not been recorded. Not all staff understood how to use the electronic recording system to report such accidents.
- Action had been taken in some cases in response to feedback provided to improve aspects of the care, including the times of calls.

Systems and processes to safeguard people from the risk of abuse

- People who used the service generally felt safe with the care and support staff provided. A relative commented, "My relative likes them and trusts them 100%. He feels very safe with any of them".
- Staff understood their responsibility to identify and report any safeguarding concerns.
- The branch manager kept a record of any safeguarding concerns reported to the local authority and had notified us appropriately.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) when visiting people. People confirmed that staff wore PPE and washed their hands during visits.
- Infection control training had been provided to staff and updates in changes to Government Guidance and procedures were provided via newsletters and messages.
- A risk assessment had been undertaken in relation to the impact of COVID -19. Regular staff testing was being undertaken.

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 newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider was unable to evidence all staff had adequately demonstrated the required levels of competency to carry out their roles. There were gaps and inconsistencies in records relating to staff checks, such as for medicine administration or moving and handling.
- Staff said they were not aware any spot checks or supervisions taking place.
- Staff received induction training via eLearning and some face to face training. The manager told us face to face meetings had been impacted due to COVID-19 restrictions and that aspects of training was provided through shadowing colleagues.
- Staff received some training in the use of the electronic recording system. However, some said this was brief and they did not understand how to use all aspects of the system.
- People and their relatives provided mixed views regarding the knowledge and skills of staff. Whilst some were complementary others raised concerns. One person said some staff were "In need of practice" when using the hoist and another said they were concerned about the training and limited shadowing provided.

The provider had failed to ensure all staff had the right skills, knowledge and experience to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Consent for care was obtained in line with the principles of the MCA. Where appropriate, people had

signed their consent within their care plans to receive care and support.

- Staff had some understanding of the MCA and told us they supported people to make decisions about their care.
- The provider had processes in place to enable capacity assessments and best interest decisions to be made. However there were some gaps in staff knowledge around these assessments and how they should be completed.

We recommend the provider follows the current MCA guidance and ensures staff are fully competent to undertake capacity assessments and best interest decisions in line with the act.

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

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

- People's needs had been assessed but these had sometimes been carried out at the initial care visit. The branch manager confirmed they had made some recent changes, to ensure assessments were carried out and relevant information was obtained ahead of the package commencing.
- Assessments had been completed and included information about peoples' preferred outcomes from the care provided.
- People were supported to eat and drink enough where required. Care plans included information about people's nutritional needs.

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

- Aspects of assessments and care plans needed further details and guidance in relation to the monitoring of certain health conditions, such as for diabetes.
- Where necessary, staff supported people to access health care and support.
- Staff identified changes to health needs or concerns, contacting health professionals when needed. Relatives told us, "It was good they noticed this change" (in relative's health condition) and "We had a situation when they (carer) discovered something and recommended a referral, so we are grateful they noticed."
- "This is me" information was in place as part of each person's care plan, which provided important information to health staff in an emergency.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Overall people and their relatives told us staff were kind and caring, promoted their dignity and encouraged them to be as independent as possible.
- People commented, "I rely very much on my carers and am happy with their service. They are kind to me" and "I find them nice and well mannered, polite; they give my relative a lot of options and they listen and respect what he is saying."
- The provider had an Equality policy in place. Care plans included information which took into consideration people's diverse needs. A staff member commented, "Every person I go to is different, I have got to know people".
- The provider's values were on display at the service, which included a person centred approach, equality, listening and everyone counts.

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

- Care plans had in the main been discussed with people along with the outcomes they wanted to achieve. Where appropriate, relatives were involved in care plans and given opportunities to share their views.
- Staff were aware of the importance of supporting people to make choices and listening to their wishes. A relative stated, "They do offer options constantly and ask if he feels comfortable doing this and that. They give him small tasks to keep him able to do it himself" and "The carer who tended to my relative was very patient and encouraging"
- People were given the opportunity to share their views about the care through telephone reviews and quality checks. One person told us "Somebody from office called recently and asked us are we happy or if they can do anything else, they genuinely wanted to know how my relative was coping with the transfer of services and new management."

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns or make a complaint if necessary.
- There was a complaints procedure in place. Each person was given a service user guide and information about how they could complain.
- One complaint had been received and records demonstrated it had been dealt with, following the provider's procedures and used to improve practice.
- Some other concerns had been received, which were not considered formal complaints but required action to be taken to improve satisfaction. These were not fully recorded and available for review.

We recommend the provider considers keeping a record of all informal concerns/complaints raised. This would enhance the quality monitoring practices and support the provider to drive improvement.

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

- Overall people received care which considered their individual needs. For example, adjustments had been considered and made to meet a person's specific needs.
- People told us, "We sort of selected six of the carers, we find them good and reliable, they know my relative well and he responds favourably" and "When I tell them (carers) they do listen, and do the job how I like it."
- People's care plans included information about their health and care needs, including specific details about their preferred routines. They also included information about "What is important to me."
- The provider was in the process of consulting on and reviewing the current care documentation to make further improvements.
- The service responded to changes in people's needs and preferences. For example, one relative commented, "They quickly updated our care plan, we just called them and asked can we have this change and it was done and implemented from the next day."

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 had been assessed and their needs were included within their care plans. One relative commented, "As my relative is visually impaired, we asked them to say their name every time when they come, and most of them do that."

- The provider was aware of the need to ensure information was made available to people in a way they would understand, such as large print for those with a sight impairment, should they require it.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Information was available within people's care records about whether they had a "do not attempt cardiopulmonary resuscitation" (DNACPR) order 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- The provider's quality assurance systems had not effectively identified all the issues identified during this inspection. A branch audit had taken place the previous month, some issues had been highlighted and an action plan developed in response.
- Issues relating to gaps in staff competency assessments, recording of accidents and incident, staff use of the app and staff understanding the MCA had not been identified and addressed.
- Audits relating to medication administration and daily logs had failed to identify the issues we found during the inspection. The manager told us the frequency and number of these audits would be increased with the new management team in place.
- Staff told us last minute changes to the rota via an electronic scheduling application meant there was a risk of them missing these changes. Procedures to ensure staff were given at least 24 hours' notice for any changes, with telephone confirmation had not always been followed. The registered manager confirmed this would be implemented in future.

Systems to assess, monitor and improve the quality and safety of the service were not sufficiently effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The management team were open about the impact of high staff turnover and issues with recruitment to the newly registered service. They had started to take action to address these areas to make improvements.
- There was a registered manager and branch manager who was responsible for the day to day running of the service. Changes to the management roles were being implemented,
- The registered manager was aware of their responsibilities for reporting to the CQC and their regulatory requirements.

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

- There was some varied feedback about achieving good outcomes for people. One relative told us, "I would recommend this agency because they give people time and the care they need. Each carer brings something of value to my relative", but another relative raised concerns about unfamiliar staff saying "It really helps if they are familiar and know his needs. It's the little things that are important."

- People knew who the manager was and said they were able to contact the office with any issues. They told us "I know who the manager is, we know more than few people from the office, and they do let us know about changes."
- Overall staff told us they felt supported. Those who had transferred from another provider had received guidance and knew who to contact to raise any concerns. Staff told us, "Everything is spot on but just a lot of hours" and "I have a close relationship with the office. You talk as you go about any issues. If I have a problem I get straight on the phone".
- The rotas had recently been reviewed to make improvements to the consistency of timings and staff. However, further work was needed to ensure these were scheduled in advance where possible and staff were given adequate breaks.
- Staff were positive about the electronic care planning system, which provided them with step by step information on how to support people.
- Supervisions had not yet been carried for all staff as these were not yet due according to the provider's policy. The branch manager agreed that as part of their probationary period, discussions with staff about practice and competency issues would be recorded in future.

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

- Memos and newsletters were sent out to staff on a regular basis to keep them updated.
- People had been asked for feedback about the service. Telephone quality checks and reviews had been carried out and further checks were planned.
- The management team had trialled different ways to communicate using video calls, with varying success, including meetings and a management surgery.
- An annual survey would be sent out by the provider after 12 months; however, the registered manager was considering undertaking this sooner.
- Following our feedback the registered manager developed a care worker guide, to be sent out to staff with different refreshers on guidance.

Continuous learning and improving care; Working in partnership with others

- New systems and procedures were being embedded. Aspects of the service were well organised.
- The management team demonstrated a commitment to providing person centred care and improving the care from any learning.
- Staff worked in partnership with health and social care professionals. They had worked hard to ensure care plans and risk assessments were implemented for the large number of people who transferred over to their service in December 2020.
- The branch manager had attended provider support meetings, facilitated by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service were not sufficiently effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure all staff had the right skills, knowledge and experience to carry out their role.