

Naid Care Limited

Naidcare

Inspection report

4 Nelson Street
Southend On Sea
Essex
SS1 1EF

Tel: 01375808192
Website: 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

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 provides a service to older people, people living with dementia and people who have a physical disability. At the time of inspection there were 32 people using the service.

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

Risk assessments were in place relating to people's moving and handling needs and environmental risks. However, other risks relating to people's health and wellbeing had not been considered. Medication practices were not safe and required improvement. Recruitment practices were not as robust as they should be to make sure the right staff were recruited. Enough numbers of staff were available to support people who used the domiciliary care service, but people told us there were occasions when staff were late. Findings from this inspection showed lessons were not always learned and improvements made when things go wrong.

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. People were protected by the prevention and control of infection.

Improvements were required to ensure staff were appropriately trained, specifically in relation to medication and manual handling. Staff received an induction and regular supervision. People received enough support to have their nutritional and hydration needs met. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. 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's comments about the quality of care and support received was variable. People's comments suggested staff primarily focused on tasks rather than the people themselves. People told us staff knew what was expected of them in relation to the tasks to be completed but spent little time engaging in meaningful conversation and pleasantries. People told us they wanted staff to spend time with them, sit and talk, but this rarely happened.

Not all people using the service had a support plan in place detailing all aspects of a person's individual circumstances and needs. The service is not compliant with the Accessible Information Standard to ensure it meets people's communication needs.

People and those acting on their behalf were confident to raise issues and concerns and felt listened to. At the time of this inspection, no-one was requiring end of life care support. However, the management team knew how to seek support from the local palliative care team.

Though no-one using the service was harmed or at significant risk, effective governance and quality assurance arrangements were not in place to assess, monitor and improve the quality and safety of the service provided.

We have made a recommendation about staff recruitment practices.

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 June 2016)

Why we inspected

This was a planned inspection based on the service's previous rating.

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?

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

The 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 as they had recently resigned. 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.

Inspection activity started on 28 August 2019 and ended on 30 August 2019. We visited the office location on 28 and 29 August 2019. Telephone calls were made to people using the service, their relatives and staff on 30 August 2019.

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.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, the care manager, HR manager and field supervisor.

We reviewed a range of records. This included six people's care records and four people's medication administration records. We looked at seven staff files in relation to recruitment practices and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information relating to training data for the then registered manager and another trainer, but this was not provided.

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 deteriorated to 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Risk assessments were in place relating to people's moving and handling needs and environmental risks. However, other risks relating to people's health and wellbeing, for example where a person had a catheter or stoma fitted or where bedrails were in place, had not been considered.
- Where the service was responsible for people's medication, staff practice was not always safe, and improvements were required.
- The Medication Administration Record [MAR] for three people showed there were numerous gaps on the MAR form. There was nothing to demonstrate if the person's medication had been administered or omitted. Additionally, where the MAR form recorded 'blister pack', it was unclear where there were gaps, if this related to the entire 'blister pack' or specific medication.
- The MAR form for one person in May 2019, showed they did not receive all of their prescribed medication in line with the prescriber's instructions. This referred specifically to an antibiotic medication.
- Suitable arrangements were not in place to evaluate and review people's MAR forms to enable lessons to be learned.
- Not all staff had evidence of up-to-date medication training. Staff's competency to administer medication was not assessed.

Not all risks to people were recorded. Safe medicine practices and procedures were not always followed. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a positive attitude to 'risk-taking' and this enabled people where appropriate to maintain their independence. This referred specifically for people who wished to continue to administer their own medication even though they received support from the domiciliary care service.

Staffing and recruitment

- People told us there were always enough numbers of staff available to provide the care and support as detailed within their support plan.
- People confirmed there had been no 'missed' calls whereby staff did not turn up to provide support. However, people told us there had been many occasions where staff were late. One person told us, "If staff run late, it is usually about 15 to 20 minutes. There are odd occasions when it has been beyond 30 minutes."

Another person told us, "The times staff come are not consistent, it could be much better." People told us they were not always notified if staff were running late and did not always know who was going to provide their care and support.

- The service had a 'call monitoring' system in place to monitor missed and late calls by staff but these arrangements were not effective. The care manager and field supervisor were unable to provide accurate data for preceding months detailing the number of missed and late calls and confirmed the system was not reliable.
- Staff recruitment practices were not always safe and operated in line with the registered provider's own policies and procedures or with regulatory requirements.
- Written references for four out of seven members of staff were received after they commenced in post but did not always include references from their most recent employer.
- Where a person had been previously employed, the rationale of why that employment had ended, was not always recorded.

We recommend the provider and HR manager familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe and had no concerns about their safety when staff visited them. One person told us, "I feel safe enough when staff are here" and, "Yes, I feel safe."
- Staff demonstrated an acceptable 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. Staff told us, and records evidenced, they had received up-to-date safeguarding training.

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough supplies of Personal Protective Equipment [PPE].

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 deteriorated to 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

- Staff told us they were provided with enough training to carry out their roles and responsibilities. However, whilst no one using the service had been harmed or injured, not all staff employed at the service had attained up-to-date medication training or received 'practical' moving and handling training.
- Staff confirmed most training received was completed by the then registered manager and another trainer. There was no information available to demonstrate the registered manager or the other trainer had attained a 'train-the-trainer' qualification and therefore, we could not be assured they had sufficient expertise to effectively deliver this training to staff.
- Prior to our inspection, concerns were raised with us that one person using the service had a specific medical condition which impacted on their health and wellbeing. Information available during our inspection, demonstrated not all staff were comfortable and felt able to competently support this person effectively. Online training relating to this person's medical condition was only provided to staff following our enquiry and intervention and, not when the person's care package was first commenced.
- Staff employed at the service had completed the 'Care Certificate'. 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. There was no evidence to show staff had been 'signed off' as competent in their job role having completed the 'care certificate' standards.
- 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.
- Supervisions were completed and included 'spot check visits.' The latter is where the provider's representative calls at a person's home just before, during, or after a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. Where negative comments were made, these consistently related to staff not wearing their uniform or identification badge and staff not logging 'in and out' using their mobile phone application when they arrived and left a person's home. No information was recorded detailing how these issues were to be monitored and addressed.

Not all staff had evidence of up to date training to undertake their role safely. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to the care package being agreed and commenced. However, a record of the assessment had not been maintained by the field supervisor.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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 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 was concerned about a person's health and wellbeing they would relay these concerns to the field supervisor or the care manager for escalation and action.

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.

- Staff had received MCA training and were able to demonstrate a basic understanding of the requirements of the Act and what this meant for people using the service.
- Staff provided examples of how they upheld people's rights to make choices and decisions.
- Improvements were required to ensure people's capacity to make decisions was clearly recorded.

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 deteriorated to requires improvement.

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

- People's comments about the quality of care and support received was variable. People's comments suggested staff primarily focused on tasks rather than the people themselves. People told us staff knew what was expected of them in relation to the tasks to be completed but spent little time engaging in meaningful conversation and pleasantries. People told us they wanted staff to spend time with them, sit and talk, but this rarely happened.
- One person told us, "The staff do what they have to do, the care is not anything special or 'flowery.' The staff are not particularly caring or affectionate and are in and out like a robber's dog. There was one member of staff the other day, they were so nice, friendly and chatty." A second person told us, "The staff are okay and seem friendly enough. You always get a 'hello' and 'goodbye' but no real conversation. Staff just do what is required of them." Most people using the service attributed their comments to staff' members culture and ethnicity.

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

- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of satisfaction questionnaires and periodic reviews.
- Most comments were generally positive and suggested people felt the overall quality of the service provided was 'very good'.
- Staff also had the opportunity to provide feedback about what it was like to work for the organisation. No issues were highlighted, other than some members of staff stated they would like to complete more training and qualifications under the Qualification and Credit Framework [QCF].

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves and according to their individual abilities and strengths.
- People told us their privacy and dignity were respected when staff provided support with their personal care.

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 deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Two out of five care files viewed did not have a support plan in place detailing all aspects of a person's individual circumstances and needs. The field supervisor was responsible for completing both people's support plan. When asked as to the rationale for this omission, they stated, "I just have not completed them." The care manager told us both support plans would be completed within 48 hours.

Not all people using the service had an assessment detailing their care and support needs. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other support plans covered most aspects of a person's individual circumstances and needs. This included the level of support required and the number of staff required to provide support at each visit. The length of time for each visit and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- No one using the service was assessed as being at the end of their life. The field supervisor advised, where people required end of life care 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.

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

- In line with people's care package, support was provided by staff to enable people to access the local community for shopping and to enjoy some refreshments.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service.
 - 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.
- For example, one person told us staff, on occasions, did not clean their kitchen properly, prior to them leaving the person's home. The person spoke to the care manager and told us since then, things had improved.

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 deteriorated to 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.

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; Continuous learning and improving care

- Though no-one using the service was harmed or at significant risk, effective governance and quality assurance arrangements were not in place to assess, monitor and improve the quality and safety of the service provided.
- Matters which required improvement included, medicines management, recruitment practices and procedures, staff training and ensuring people's support plans were written at the earliest opportunity. The then registered manager, care manager, HR manager and field supervisor had not identified these areas as requiring improvement. Specific information relating to the provider's arrangements for identifying and managing the quality of the service were not effective or robust.
- Our inspection found not all staff in key positions understood their roles and responsibilities. There was no documented evidence to demonstrate the improvements required and how their performance was to be effectively managed and monitored. There was a lack of understanding of the potential risks and the impact on people using the service.

Effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Prior to our inspection, the registered manager told us they were leaving the organisation's employment. An application to deregister was submitted to the Care Quality Commission for processing. The service, in the interim, was being managed by the care manager, HR manager and field supervisor.
- People told us the service was well run and overall, they were happy with the service provided.

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

- Arrangements were in place for gathering people's views of the service they received and for their relatives

and staff employed at the service. Most comments were generally positive and suggested people felt the overall quality of the service provided was 'very good'.

- An analysis of the information was not compiled, particularly where areas for improvement were highlighted and recorded. For example, some staff stated they would like to complete a qualification under the Qualification and Credit Framework [QCF].
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. An action plan was not completed detailing how improvements recorded were to be made.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as social workers and healthcare professionals.

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 9 HSCA RA Regulations 2014 Person-centred care An assessment of people's needs had not been compiled.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not completed for all areas of risk. Medicines management required improvement.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements to monitor the quality of the service for people using the service were not effective and improvements were required.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements were required to ensure all staff employed at the service received suitable training.