

Nema Home Care Limited

Nema Home Care Limited

Inspection report

48 Station Way
Buckhurst Hill
IG9 6LN

Tel: 02079521480

Website: www.nemahomecare.co.uk

Date of inspection visit:

19 July 2023

20 July 2023

21 July 2023

31 July 2023

Date of publication:

23 August 2023

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

Nema Home Care Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 142 people using the service.

Not everyone who used the service received personal care. 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:

Staff had training on how to recognise and report abuse and they knew how to apply it. Medicines were managed safely. Risks to people were assessed and there were plans in place to mitigate risks. People were supported by regular, consistent staff who knew them and their needs well. The provider recruited staff safely.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's needs were assessed prior to using the service and care was focused on the person. Staff received an induction and ongoing training to equip them for their role. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing. People's communication needs were assessed and understood by staff.

People were involved in the planning of their 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.

Right Culture:

People received good quality care, support and treatment because trained staff could meet their needs and wishes. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. Staff worked with health and social care professionals to support people's health and social care needs.

The registered manager had developed a quality assurance system encompassing all aspects of the service delivery. Staff told us they felt supported by the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2017).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 section below.

Nema Home Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 19 July 2023 and ended on 31 July 2023. The inspection visits took place on 19 July 2023.

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 (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and 10 members of staff. We reviewed a number of records including 11 people's care plans, medicine records and daily records, 5 staff members recruitment files, rotas, policies, and systems for governance. We spoke with 14 people and 5 family members to understand their experiences of receiving support. As part of a direct monitoring call on 21 June 2023, we also received feedback from 35 people. We obtained feedback from 4 professionals who had knowledge of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. We reviewed safeguarding procedures and records.
- Staff had completed training and were able to describe the procedures required to report any concerns. A staff member told us, "We are told to firstly whistle blow internally, then we can go to the external authorities – the police, CQC or the council."
- People and relatives told us they felt safe with staff allocated to support them. One person told us, "I like having two regular carers as I have built up a rapport with them, I feel safe as they understand me." Another person said, "I always feel safe, and they will say to me 'hold on a minute and let me help' if they see I'm struggling."
- The registered manager had oversight of all safeguarding processes. We reviewed the analysis for all safeguarding concerns which contained the action taken by the service.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and planned for. The provider had obtained information and good practice guidance on how to mitigate different types of risk. For example, guidance for staff was included in relation to risk of seizures and how they should respond.
- People's care plans provided further information about their health care needs and how these should be managed. This helped staff to have a clearer understanding of the impact of people's conditions
- Staff told us they had all the information they needed prior to working with people. A staff member told us, "The app we use has everything, it's all in the care plan, it gives you all the clinical details."
- Environmental risks had been assessed to ensure staff were able to carry out their role safely.

Staffing and recruitment

- Recruitment processes were robust and pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Staff told us they had enough time between calls, and they did not feel rushed. A staff member told us, "Some people have 30 minutes, other people have 45 minutes or more. I have sometimes had to stay longer, for example if a person has unexpected event. We tell our managers so they can ring the next client and let them know we have been held up and on our way. I would tell my manager if a person was getting frailer and needed more time. They (management) will re-visit and sometimes a person gets more time." Another staff member said, "They (management) do assessments, they know what people need. No-one I look after has ever needed extra help. I feel very

confident about approaching my manager for more time."

- An electronic call monitoring system was in place which supported the registered manager in the monitoring of care calls. This ensured they had good oversight in the service delivery and whether calls were being carried out as planned.
- People and relatives were happy with their calls and told us they also had access to the electronic system. A relative told us, "I can see on the app when they have been in, they have never missed a call and are normally on time. They go in at 9.30am for the first visit which suits my [family member]." A person said, "I'm happy with the times and I can cancel them if my family are about like at Christmas. Sometimes they may be a bit late and some text to say if stuck in traffic." Another person said, "They mostly stay the right amount of time. I was getting a call about between 11 and 11.45 which wasn't good for me. I said about this to them, and they now come at 10am which is much better."

Using medicines safely

- Medicines were managed safely. Care plans contained medicine risk assessments and medicine administration records which were completed accurately. A person told us, "I have to take my medication at certain times of the day and the carers always are on time for these. They remind me what I'm taking and log it down." A relative said, "The carers give my [family member] her medication and log it on the app. If [family member] isn't well and a doctor comes out to see them and gives them a prescription a carer will go and get it straight away. We really appreciate that."
- The electronic system also gave office staff live information about when medicines had been administered and provided alerts if medicines were not administered correctly. The system also generated reports for the registered manager to use to ensure staff were administering medicines effectively.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. A staff member told us, "It happened yesterday, and it happens often, after the medicine training and before I could start giving out medicines, I had to do medicines in front of a supervisor, the supervisor checked I was competent, the supervisors always watches us giving out medicines on spot checks."

Preventing and controlling infection

- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. A staff member told us, "We have to be 100% about this, it is important. We have training for infection control, and we always have plentiful amounts of PPE."
- All the people we spoke with said staff wore gloves and aprons.
- The providers infection control policy was up to date and a recent infection control audited had been completed.

Learning lessons when things go wrong

- The registered manager recorded and investigated all incidents. Actions had been taken to reduce the risk of a reoccurrence. Incidents were shared in team meetings and supervisions with staff.
- The registered manager sent us examples of case studies he had used with staff as learning experiences to provide better outcomes or people. One of these recorded the concerns a person had with a previous company and what Nema Home Care limited could do to make sure the person needs could be met effectively.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 using the service. Assessments continued and were regularly reviewed to ensure people received the support they required. A person told us, "I have only been with them for a couple of months, but they came to see me, and we discussed what is best for me. I have a [specific gender] carer which is better for me." A relative said, "My partners care package has been reviewed. We were involved with it, and it suits them."
- A person told us, "I have had different care companies, and none have been as good as Nema. I suffer with my anxiety if I have to have new [staff], so they have got me regular carers. If these carers are not able to come and I have to have someone new they phone me up and come prior to their solo visit and are shadowed so they know where things are and what needs to be done. This gives me reassurance and the office will also phone me up and tell me names of anyone new."
- Care plans were developed from initial assessment and recorded information about people's diverse needs and preferences in relation to their culture, religion, and diet.

Staff support: induction, training, skills and experience

- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications.
- The Health and Care Act 2022 introduced a new legal requirement for all registered health and social care providers to ensure their staff received training in learning disability and autism, at a level appropriate to their role. This requirement has been in place since 1 July 2022, and we have updated our statutory guidance for Regulation 18 accordingly to reflect this.
- Staff had received training relevant to their roles and to the specific needs of the people they supported. This included learning disability and autism training.
- Staff told us they had received a good standard of training. A staff member told us, "I went to the office, we did orientation and training for maybe two days, I shadowed experienced colleagues for nearly a week, I was given a book about working for Nema, I did the Care Certificate." Another staff member said, "There has been plenty of relevant training. We have had training about how to recognise sepsis. There was infection control training last week, I did it. There was also training about hydration, moving and handling, and dementia."
- Staff told us the service encouraged and supported them to achieve additional professional qualifications. A staff member said, "They are ambitious for us, passionate about people's lives – both staff and service users, people come first, I have learnt so much on the job, the manager has spoken to me about doing vocational diplomas, they are looking at how they can develop people's careers."
- A professional told us, "I was able to meet the provider management team to discuss the placement

requirements. I have had regular contact with the provider to ensure the support hours are effective. The care support staff have been skilled and experienced to care and support the client effectively."

- Staff told us they felt supported by the management team and said they could rely on them for support whenever they required it. A staff member said, "The support is excellent, I have learnt so much and been supported at all times, there are many opportunities to give our views."

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs. A person told us, "The carers who come regularly know where everything is, they always ask me what I fancy. They also ask me if I want something now or later, I'm always getting choices."
- Information on whether people needed any specific support with their nutrition was included within their care plan. A care plan we looked at recorded a person required a modified diet and how staff should assist the person to eat safely.

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

- Staff worked effectively with other organisations to ensure they delivered good joined-up care and support. For example, the service worked with social workers, physiotherapists, occupational therapists, GP surgeries, pharmacies and District Nurse services. A staff member told us, "Yesterday one of my service users had a problem with a prescription, she wanted me to be there when GP arrived so I could help them explain the problem, a physiotherapist was at a service user's home and showed me how the service user should use their Zimmer frame."
- A professional told us, "Communication is Nema's strength. They will always communicate with workers around meeting times and an adult's needs if there are concerns. Communication and responses are timely. Nema will always communicate with our placement team if an adult has been admitted to hospital, experiencing a period of ill health/changes etc."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager understood their responsibilities regarding the MCA and ensured they acted in accordance with it.
- Care plans recorded who was involved in people's care, who could support with decision making or advocate on their behalf if required.
- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLS. One staff member told us, "I would check their care plan. When people have dementia, you must still give them choices even if they can no longer make big decisions, I will ask them what they would like to eat, what would you like to wear? I would give options, show them different food from their fridge and 3 different dresses and cardigans to choose from."

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives were overall very happy with the care and support provided and the staff delivering the care. People told us they were treated with care and kindness by staff.
- A person told us, "The carers are really caring they don't rush me at all." A relative said, "Between good and excellent. Some carers are more proactive than others. All the carers are generally caring and do a good job."
- Staff received training in equality and diversity. A person told us, "My carer takes me to the mosque every Friday for prayers. They are not the same religion but will take me and is respectful and on hand for me." A staff member said, "There has been training discussing different types of relationships, we talk about different cultures as we are from different cultures and religions ourselves and we work together very harmoniously."
- Staff told us there was time to spend with people and make sure they had what they needed; in a way they chose. A staff member told us, "I have enough time to look after people and follow their care plan. There is time to offer people companionship, we try to talk with them."

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

- People and their relatives told us they were involved in decisions about their care. A person told us, "My care plan gets reviewed every 3 to 6 months and they check I'm happy with what I have and if my needs change, I can let them know."
- People and those acting on their behalf were given the opportunity to provide feedback about the service through reviews and satisfaction surveys. A person said, "I had a call from the office recently asking me for feedback. I have the landline and mobile number for the manager."
- Staff were aware of importance of offering people day to day choice. A staff member told us, "I try to offer choices to everyone and put people at the centre of their care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person told us, "I get treated with respect and the carers are careful where they put their hands. They are gentle." A relative said, "They are very respectful and don't treat my partner like an old person. They speak softly to them, never shout, and treat them with courtesy and respect."
- Staff could clearly explain how they supported people in a dignified and respectful way. A staff member told us, "If I give a person a shower, I communicate what is happening and gain consent, I make sure blinds and doors are shut, I don't make people feel uncomfortable, I cover their bodies with big towels and

dressing gowns, so they don't feel exposed, whatever they prefer."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were happy with the care they received and felt they were supported in their preferred way. A person told us, "I have personal care if I want it and I often choose not to. I also asked to have regular carers and they are very good with sorting this out for me." A relative said, "My [family member] is currently cared for in bed but they are given choices. We have put a whiteboard up in the front room and we write all the items for food and drink we have bought. The carers give my [family member] the choices and then tick off what they have had so we know what needs replacing."
- People's care plans had detailed information about their preferences for their support and included guidance for staff on how to support people safely. This meant staff had the information they needed to meet people's needs. A staff member told us, "I get their care plan on the app, it says what they have been through, family contacts, what they can do, what tasks you need to support them with, it tells you what they like to do, for example one person likes crosswords, sometimes we do it together, we can understand about people's lives and hobbies."
- People's care needs were regularly reviewed and updated to meet any changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibilities to meet the accessible information standards.
- People's communication needs were assessed and information on how to communicate with them was included in their care plans. A staff member told us, "I visit one person who uses pictorial communication, they have books with pictures, and they show you what they want." Another staff member said, "I support one person who writes everything down in a notebook and we write back. We have got to know each other, and it works well."
- A relative said, "My [family member] has sight and hearing issues and carers are mindful of this, and they have an 'indication book where they and [family member] can point to things so [family member] understands. The carers also write in big letters if they can't hear them."
- We did have some feedback about staff accents and people sometimes finding it difficult to understand staff. We discussed this with the registered manager who had delivered training to staff in relation to communication. They said, "We try to resolve this by ensuring where possible people have regular staff, and they are able to build good communication as they get to know people."

Improving care quality in response to complaints or concerns

- There was an effective system for logging, recording, and investigating complaints, which was followed. One person told us, "I had to put in a complaint as twice a carer was late by ½ hour, my daughter needed to get to work, and this delayed her. They were on the ball as they quickly let me know it was because a carer had to wait at a previous client's house for another carer to take over. It was all resolved and didn't happen anymore."
- All the people we spoke with said they would be happy phoning up the office if had any concerns. Some people had complained, and issues had been resolved.

End of life care and support

- At the time of the inspection the service was not supporting people at the end of their life.
- Staff had completed training in relation to end of life care. A staff member told us about a previous experience, "It can feel a bit hectic as we might be going in 4 or 5 times a day, it is heart breaking as we have got to know the person and then we are watching them drifting away, doctors, palliative care nurses and district nurses are involved and they ask us if people seem comfortable, sometimes people will go into a hospice, if people stay at home we give compassion to their family."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- We found a positive culture at the service which focused on providing person-centred care that met people's assessed needs. A person told us, "I don't know what I'd do without them. They know their job." Another person said, "They are smashing, they do everything for me." A relative said, "With living about 3 hours away from my [family member] having the app flash up letting me know what the carers have done, how my [family member] has been, the medication they have taken, and the timings of visits is brilliant. I can't fault them they are very professional."
- Staff told us they enjoyed working for the service. A staff member told us, "I have had a wonderful experience of working for Nema, they are very supportive, so far so good, I was given accommodation when I first arrived, I would definitely recommend."

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 registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. Systems were in place to investigate incidents, accidents, and complaints.

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

- The registered manager had robust quality monitoring systems and processes in place. The management team carried out audits and acted on the findings to ensure people continued to receive good quality care.
- The registered manager used an electronic system which meant they had daily oversight of the running of the service. This system alerted them if a call was running late, staff had not arrived or when tasks were missed. The registered manager could then check with staff to find out why this had occurred.
- We viewed examples of where the registered manager held case study sessions with staff to look at individual concerns about people's care and support in detail. These were also held prior to people using the service where concerns were identified with previous care services. This supported staff to understand why things might be happening and what they could do to achieve the best outcomes.

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 those of people

acting on their behalf. The registered manager had a spreadsheet in place which included actions for any feedback requiring follow up. A person told us, "I was asked for feedback when I did my review. I feel the office staff and manager who I know are approachable." Another person said, "I get asked for feedback on how they are doing when someone comes to check the carer is doing their job."

- Staff feedback was sought through team meetings, observed practice sessions with the registered manager and supervision. Staff were positive about the service and the management team. A staff member said, "Managers call and ask how I am, they check whether I have a family and work balance, they ask is my rota ok, managing work and a family is difficult and Nema does what it can to support me."

Continuous learning and improving care; Working in partnership with others

- The service worked with other professionals to ensure support and the right care for people. For example, health and social care professionals such as the GP, district nurses, occupational therapists and social workers. Feedback from professionals was positive and included, "The service has been responsive and well managed so far." And, "The service is managed well. Nema always strive to complete a pre-assessment prior to a package starting and appear to only take on care packages they feel they can meet the needs and the capacity to take on." And, "I have no concerns with this provider. From my perspective they are reliable, communicate well and are a good quality care provider. They are an excellent provider in my opinion."

- The registered manager positively encouraged and supported staff to attain qualifications to support their role.