

Niche Care Limited

Niche Care Sheffield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Niche Care Sheffield is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 180 people.

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.

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

Not everyone we spoke with was able to confirm they received the same group of regular care workers or that they arrived on time. Some people told us they were unable to get through to office staff on the telephone to discuss their concerns. The registered manager told us there had been problems with the recruitment and retention of office staff which had impacted on staff rotas and answering telephone calls. However, they felt things had recently settled down and they were confident people would start seeing improvements in this area. The provider audits we looked at confirmed improvements were being made.

We have made a recommendation to the registered manager about keeping a summary of each complaint and safeguarding issue so any common themes or trends can be easily identified.

The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff understood what it meant to protect people from abuse. Where people needed support with managing their medicines there were systems in place to ensure people received their medicines as prescribed.

Staff were provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people. Staff told us the registered manager was approachable and they felt supported in their jobs.

People were supported to eat and drink to maintain a balanced diet, where required. People were supported to maintain good health and have access to health and social care services as required

Staff understood the requirements of the Mental Capacity Act 2005. 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 told us staff were kind and caring. Staff knew how to treat people with dignity and respect.

There were systems in place to respond to complaints. People told us they knew how to complain. The provider had policies and procedures which reflected current legislation and good practice guidance. There

were effective systems in place to monitor and improve the quality of the service provided.

Rating at last inspection

This service was registered with us on 20 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Niche Care Sheffield

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 team consisted of one inspector and one assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 December 2019 and ended on 20 December 2019. We visited the office location on 18 December 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We contacted staff at

Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted members of Sheffield contracts and commissioning service. We used this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and three of their relatives. We met with the registered manager and operations director. We spoke with 11 members of staff. We spent time looking at written records, which included nine people's care records, seven staff personnel files and other records relating to the management 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.

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.

Staffing and recruitment

- There were enough staff deployed to cover people's calls, however some of the people we spoke with told us staff were often late. Comments included, "I have had to wait a long time in the morning [for care workers to arrive], frequently I have to wash myself", "They [care workers] don't usually come on time, they never miss, but can be late" and "They [care workers] never miss a call but they might be late. I ring 'on call' [out of hours service] if the care workers haven't come, but they never answer." We spoke with the registered manager about this. They explained there had been problems with the recruitment and retention of office staff which had impacted on staff rotas and answering telephone calls. However, they felt things had recently settled down and they were confident people would start seeing improvements in this area.
- The registered manager told us they would contact a representative of the organisation funding the person's care if they thought more or less time was needed to meet the person's care and support needs.
- The process of recruiting staff was safe. We checked seven staff personnel files and we saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character.

Systems and processes to safeguard people from the risk of abuse

- People and their relative told us they felt safe. One person using the service told us, "They [care workers] wear a uniform, they say hello, I know my care workers because I have them on a regular basis." A relative told us, "My [relative] does feel safe with the care workers, the regular ones. I trust them."
- Staff we spoke with understood how to recognise the potential abuse of a vulnerable person. They knew to report any concerns to their manager.
- The registered manager kept a record of all safeguarding concerns they had reported to the local authority. We saw safeguarding records were analysed every six months and this included any action taken in response to the concerns.

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

- There were systems in place to help keep people safe. Accidents and incidents were recorded and action was taken to reduce the risk of repeat events, where appropriate. For example, where a medicines error had been recorded we saw a copy of the investigation report and evidence of staff retraining in this area.
- Risks to people were assessed and guidance was available to staff on how best to manage these risks. People's care records also included external environment risk assessments which identified any possible risks to care workers.

Using medicines safely

- Medicines were managed safely. Staff we spoke with confirmed they had received training in medicines administration. We saw their competency in this area was regularly checked.
- The provider had medicines policies and procedures, covering all aspects of safe medicines management.
- Staff completed the person's electronic medication administration record (EMAR) to confirm they had given the person their medicines or record a reason why it had been declined. We saw EMARs were regularly audited. Any errors were followed up with the member of staff.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was guidance for staff on when a PRN medicine may be needed by the person.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infections. Staff told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- People and their relatives told us staff wore PPE when supporting them with personal care. One person told us, "They [care workers] are very clean, they wear gloves."

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received appropriate training and the support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs which included training and shadowing more experienced members of staff before working on their own. Those new to care were supported to complete the care certificate.
- Staff received regular training. The provider employed a training manager across three of their branches. The training manager provided the induction and ongoing mandatory training in areas such as medicines management and moving and handling.
- Ongoing support was also provided to staff through supervision and appraisals. We saw records of supervisions and appraisals taking place in line with the provider's own policy and procedure. Staff confirmed they received regular supervision and annual appraisals.

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

- People were supported with meal preparation, eating and drinking, if required. People's nutritional needs and preferences were documented on their care records.
- Staff told us some of the people they supported needed encouragement to eat and drink. In these cases they recorded the person's food and fluid intake so this could be monitored and action taken as required.

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

- People were supported to access on-going health and social care support services, such as social workers.
- The registered manager told us they met with people's social workers to discuss their care and support needs.

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

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.

- We found the registered manager and care staff were working within the principles of the MCA.
- Staff had received training on the MCA. The staff we spoke with understood the need to give people choices and respect their decisions.
- We saw people had signed their consent to receive care and support from the provider on their care records. Where a person did not have consent, the registered manager was aware of the need to ensure their representative had the legal authority to consent on their behalf.
- The registered manager worked with the local authority to try and ensure they could meet people's needs before providing a care and support package. The field care supervisor would also visit people at home to assess their care and support needs to ensure they could provide an appropriate service.

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

- People told us they were treated well by all the staff. Comments from people included, "They [care workers] are caring and kind", "The girls [care workers] are very good and caring. I can't thank them enough" and "They [care workers] are all wonderful. They are very good."
- Staff clearly knew people and their likes and dislikes. Staff spoke respectfully about the people they supported. One person told us, "They [care workers] are friendly, they seem to genuinely like me, they know me well." Another person told us, "I think they [care workers] are marvellous, I wish I could have them all the time."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with respect and promoted their independence where possible. Comments included, "Sometimes they [care workers] do go above and beyond, they helped me to get my computer working", "They [care workers] give me my tablets and help me keep me independence" and "They [care workers] treat me like their grandmother, they treat me with lots of care. They keep me nice and clean and cover me up."
- Staff were able to tell us what it meant to treat people with dignity and respect. Comments included, "I make sure curtains and doors are closed. I keep the person covered as much as I can when drying someone after a shower" and "I encourage people to do as much as they can for themselves."
- Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the office. Electronic devices were password protected.

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

- People told us they had a care plan and staff knew what support they needed. Comments from people and their relatives included, "We did have a visit from management at the beginning and they put a care plan in place" and "Every so often someone from office checks on how things are going."

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 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

- Most people confirmed they usually saw the same group of staff. However, some people did tell us they didn't always see the same staff. Comments included, "I get different people [care workers] and I don't like it" and "They [office staff] sent a young lad to bathe my wife in her 80's so we sent him away. The office isn't fit for purpose." The registered manager agreed there had been issues with people not always seeing the same group of staff. They felt the recent improvements in the recruitment and retention of office staff would assist with this.
- People's care records held information about their current health and support needs in all areas of daily living. This included guidance for staff on how best to support the person to meet their needs.
- At each visit staff completed an electronic record. This included the time and length of the visit. We saw these electronic records were regularly audited. Any issues found were recorded and discussed with the member of staff concerned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were included on their care records. The registered manager told us the service would be able to provide information to people in a format they could understand, such as an easy read document.

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

- People who used the service were supported by care staff to undertake activities and maintain their social relationships to promote their wellbeing, if they had been assessed as needing support in this area.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. Several people told us they had made a complaint. One person told us, "I had a very rocky time when we started, they used to send me male carers and they were often late. I complained and it is sorted now. I know have two very good care workers and they come on time"
- The provider had an up to date complaints and compliments policy in place.
- The registered manager had a system in place to record any complaints. We saw the complaints file and

there had been four recorded since April 2019. Each complaint had been investigated.

We recommended the registered manager keep a summary of each complaint (and safeguarding issue) so any common themes or trends could be easily identified. The registered manager agreed to do this.

End of life care and support

- The registered manager told us the service was not currently supporting anybody at the end of their life. However, they confirmed end of life care was part of the mandatory training undertaken by all staff.

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.

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

- Some people and their relatives told us staff did not always turn up on time, they did not always see the same group of staff and sometimes they were unable to get through to office staff on the telephone to discuss their concerns. The registered manager agreed there had been problems, however these were now resolved. We need to see these improvements sustained before the service can be rated as good.
- Staff told us they enjoyed working at Niche Care. Most of the staff we spoke with told us they would recommend the service to a loved one if they need this type of care and support. However, some staff said they wouldn't as the office staff could be disorganised.
- Staff told us they felt valued and supported in their jobs. Comments included, "[Name of registered manager] is a very good manager, [name] really is. Always welcoming when I come into the office. Kettle is always on and biscuits always available" and "[Name of registered manager] is very approachable."
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and a number of notifications had been received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had effective quality assurance and governance systems in place. The registered manager and care coordinators undertook audits of care and electronic medicines administration records. They also undertook home visits to observe staff competencies in medicines management and providing safe care. Where issues were raised we saw records of discussions taking place with staff.
- The registered manager produced daily quality reports for the provider. The registered manager had an action plan to complete each month and we saw improvements were being made.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Paper copies were held in the office for staff to access.

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

- People were asked for their views of the service via an annual survey. We saw the results of the 2019 survey had been analysed. People who had given a low score were contacted to discuss their concerns. The

registered manager told us a staff survey had only recently been distributed. The results would be analysed in January 2020.

- We saw minutes of area team meetings, weekly office staff meetings and monthly strategy meetings taking place. Staff confirmed they attended these meetings. Staff also received a regular newsletter from the provider.

Working in partnership with others

- The registered manager worked in partnership with the local authority.
- Staff told us they had developed good working relationships with other health and social care professionals.