

Niche Care Limited

# Niche Care Calderdale

## 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 Calderdale is a domiciliary care service based in Halifax. At the time of inspection, the service was being run from the office of Niche Care Kirklees based in Huddersfield. This was due to the small number of people being supported by Niche Care Calderdale and because the registered manager of the Kirklees branch was managing both services, whilst the registered manager of the Calderdale branch was on maternity leave. At the time of inspection, Niche Care Calderdale were supporting six people, although one was in hospital and had been for some time.

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

We found improvements were required with ensuring care was provided in line with care plans, management of complaints, the timing and duration of care visits, and timeliness with which issues were addressed.

Care plans were detailed and clearly explained how people wanted to be cared for or supported. However, people and relatives provided mixed views about the actual provision of care, with some stating carers did not always follow the care plan, which they felt was linked to the inconsistency of visit times and carers being rushed.

People told us they knew how to complain and two relatives confirmed complaints had been reported to the service via phone calls. We found no record of these concerns within the service's complaints file. The manager told us this was because these issues had not been escalated to management by the person they had been reported to.

The times of people's care visit were inconsistent and staff did not always remain for the full duration of the call. People told us this was one of the main concerns with the service.

We have made a recommendation about the provider ensuring visits are scheduled in line with agreed times as stated on people's care plans.

A range of audits and governance processes were in place to monitor the quality and effectiveness of care delivery. Actions were generated from audits and added to the services improvement plan. Although a number of the issues reported to us by people and/or relatives had been identified through the audit process, actions and improvements had not been made timely.

We have made a recommendation about the audit and action plan process.

People told us they received safe care, although some staff were 'better' than others. Staff had received training in safeguarding and knew how to report any concerns. People who received assistance to take their medicines, had no concerns with the support provided. However, one relative felt staff needed to be more

observant when administering medicines. People confirmed staff wore PPE and staff told us specific COVID-19 training had been provided

Staff told us they received enough training and supervision to carry out their roles. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 3 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration in order to provide an initial rating for the service.

We have found evidence that the provider needs to make improvements. Please see the safe section of the full report.

You can see what action we have asked the provider to take at the end of the full report.

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?

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 responsive 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 Calderdale

## 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 one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on maternity leave. In their absence, the service was being overseen by the registered manager of Niche Care Kirklees.

#### Notice of inspection

We initially gave 24 hours' notice of the inspection. This was to ensure the manager or a representative of the provider was available to support the inspection and so we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Due to unforeseen circumstances, the inspection had to be delayed by a further 48 hours. Inspection activity started on 26 April 2022 and finished on 17 May 2022, by which time we had received and reviewed additional information sent following the visit. We conducted the office visit on 29 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is

legally obliged to send to us without delay. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experiences of the care provided. We captured the views of two other relatives via an emailed questionnaire. We spoke with Niche Care's director of the Yorkshire region and three staff members. Following the office visit we also spoke with the current manager of the service via telephone, as they were on annual leave when we visited the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at surveys, training information, policies and procedures, staff rotas and call monitoring information.



# 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 of 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

- People's care visits were not always completed at the planned time and staff did not always remain for the allocated time. Comments from people and relatives included, "It's very hit and miss [staff arrival time]. Some carers do the bare minimum and are only here about 10 minutes" and "Never consistent in time they arrive and never get the agreed 30 minutes."
- Call monitoring information provided by the service supported this feedback. Call times were erratic and not in line with the agreed times on people's care plan and the duration of calls varied widely.
- We noted several meetings had previously been held with carers to discuss call times and call duration. However, noticeable improvements following these meetings or actions to drive improvements had not been completed timely.
- Staff had been recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service (DBS) and seeking references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

We recommend the provider reviews the processes in place for planning and monitoring people's care visits, to ensure these are completed in line with their care plan.

### Systems and processes to safeguard people from the risk of abuse

- People and all but one of the relatives we contacted told us they felt safe using the service and in the presence of staff.
- Staff confirmed they received training in safeguarding and knew how to recognise and report any concerns.
- The service had an up to date safeguarding policy and copy of the local authority's reporting guidance in place. A safeguarding log had been set up to document any referrals, although to date none had been submitted. This tallied with information sought prior to the inspection from the local authority.

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

- A range of risk assessments had been completed, to ensure staff had the necessary information to keep people and themselves safe.
- Staff were aware of the process to follow, should people they support have an accident or incident. A system was in place to document such concerns, however, as none had occurred this was blank.

- The service also had processes in place to review any incidents or accidents, to minimise the chance of a reoccurrence.

#### Using medicines safely

- Overall medicines were managed safely by staff who had received training and had their competency assessed.
- People and the majority of relatives were happy with the medicines support provided by carers. One stated, "The carers provide medicines and do this well." However, one relative told us they had found the odd tablet on the floor when visiting, which they suspected had been dropped by their family member whose hands shook. They believed carers were not observing their relative closely enough when they took their tablets. They had not reported this to the service.
- The service had protocols in place for 'as required' medicines such as paracetamol. This provided carers with information of when, how and why this medicine should be administered.
- Overall medicines administration records had been completed correctly. Any issues had been picked up and addressed via the provider's medicines audit process.

#### Preventing and controlling infection

- The service had an up to date infection, prevention and control policy in place. Specific COVID-19 policies had also been created and updated in line with current government guidance.
- Staff had completed specific training around COVID-19 to help keep themselves and people they supported safe.
- People and relatives confirmed staff wore appropriate personal protective equipment during visits.



# 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.

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

- Assessments had been completed with people and/or their relative prior to their support commencing, to discuss what support people wanted and ensure the service was suitable and could meet their needs. One person told us, "Yes, they came out to meet me. It went well and I've been with them a couple of years now."

Staff support: induction, training, skills and experience

- Staff had received training, supervision and support to ensure they could carry out their roles safely and effectively.
- Training completion was monitored via a matrix, to ensure both initial and refresher training sessions were completed timely.
- All staff had completed the care certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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.

- A capacity and consent profile had been completed for each person. This covered whether people had capacity to consent, could make informed decisions and if not, whether they had a lasting power of attorney in place, to make decisions on their behalf. If not, best interest meetings would be completed.
- Consent had been sought from people for the service to access their homes, complete assessments, provide planned care, carry out staff training, shadowing and competency checks within people's homes and share records with professionals as necessary.
- Staff confirmed they had received training in the MCA and knew how this impacted on their role, such as

where the onset of dementia could affect what decisions a person was able to make for themselves.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People who received actual support with nutrition and hydration were complimentary about the assistance provided. One person told us, "The help with meals I get is very good. I get to eat the things I want."
- Care plans contained a nutrition and hydration risk assessment, which included details of people's likes, dislikes, needs and any aids or adaptations in place, to help them remain as independent as possible in the kitchen.
- Each person had a health and wellbeing assessment in place, to ensure carers were aware of any pertinent wellbeing issues. Where people received additional support to help them remain well, such as via input from district nurses, this was clearly documented in the care plan.
- Where necessary the service supported people to contact or access healthcare services or professionals, such as the GP.

# 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

- Overall people and relatives were happy with the support provided by care staff. One person stated, "The majority of carers are friendly and try to be patient and caring. There is one in particular we are impressed with, as she explains everything she is doing." Another stated, "The carers are brilliant, I get on really well with them."
- However, one relative felt the care provided was often rushed with some carers very task orientated, spending little time chatting to their family member during visits and leaving as soon as possible. Both they and another relative also commented on elements of the care plan not always being completed. This is covered in more detail in the responsive domain.
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about any specific spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

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

- The service circulated 'are we caring' questionnaires to people to gather their views on the care and support provided and whether people's privacy and dignity was respected. Although none of the people we spoke with could remember completing the survey, the responses provided by those who had, which we saw during inspection, were positive with no issues reported.
- Care reviews had also been completed with people and/or relatives on a six monthly basis, to discuss the care plan and whether this still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and encouraged to do things for themselves. One person told us, "They know I still like to do things for myself, so let me do what I can."
- Care staff were able to explain the ways in which people's privacy and dignity was maintained. One told us, "When giving anybody a wash, I place a towel over them and use a separate towel to dry them. Before starting, I always ask if they would like me to wash them, or would they prefer to do it themselves."

# 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; 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

- Care plans were detailed and specified how people wanted to be supported. Clear guidance was in place for staff to follow at each visit, detailing what was expected of them from arriving at the property to leaving.
- People and relatives provided mixed feedback around the provision of care and if this was in line with the care plan. Comments included, "The carers ask me if I am happy with my care, which I am, no complaints" and "There are ongoing issues with some carers not following the care plan. Some don't speak to [relative], it seems to be a matter of how quickly they can get in and out."
- One relative told us on occasions a carer left without completing all planned tasks, and at other times they had observed a carer checking emails on their phone, rather than spending time with their relative.
- We noted from meeting minutes, completing calls at planned times and expectations during care visits had been explained to carers, including following the care plan and if tasks were completed, spending any remaining time chatting to people. Feedback from some relatives suggested these expectations were not always being met.
- The service sought people's views around the care plan and if this was still working on a bi-annual basis. We reviewed these for the last 12 months and noted, aside from inconsistent call times and some carers rushing, the majority of issues mentioned to us during the inspection had not been reported to the service during the review process.

Improving care quality in response to complaints or concerns

- The provider's complaints process had not always been followed. A complaints file and log was in place, but upon inspecting we found this was blank. We were told no complaints had been made by people or relatives.
- During telephone calls to people and relatives, two relatives told us they had raised concerns with the service. One relative said they had made numerous complaints to a specific staff member about various aspects of the care provided. None of these concerns or complaints had been recorded on the complaints log, so we were unable to see what action had been taken to address the concerns raised.
- During a video call with the service following the inspection, we were told none of the concerns raised with the specific staff member had been passed on to management and as such, they were unaware of the issues which had been reported. We were informed this staff member no longer worked for the provider.

The provider had failed to ensure care and support was provided in line with people's care plan and complaints managed in line with their complaints policy and procedures. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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 provider had a clear policy in place relating to the Accessible Information Standard and how this would be adhered to. Care plans referenced people's communication needs and how these would be met.
- Information was available in different formats to cater for people communication needs, such as large font, easy read or audio files.

## End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. Care plans contained a section where people's wishes for this time of their life could be captured.

# 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 of 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; Continuous learning and improving care

- A range of audits and monitoring systems were in place to assess the quality of the service provided. The provider had ongoing oversight of the service through monthly reviews.
- A quality action plan was used to detail any improvements needed, who was responsible and evidence of completion.
- However, whilst issues such as inconsistent call times, carers not remaining for duration of planned time and ensuring all care tasks were completed had been identified as actions, these had been agenda items during staff meetings for at least the last eight months and were still an ongoing issue. It was unclear what additional measures had been taken, other than speaking to staff to address these concerns.

We recommend the provider reviews the audit and action plan process, to ensure issues are addressed timely and actions taken are clearly documented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought people's views through 'are we caring' surveys and bi-annual care reviews.
- People and relatives we spoke with provided mixed views about the quality of the service and how it was run. Some told us they were happy with the service and would recommend it, whilst others commented on poor communication, not feeling listened to and a lack of professionalism from some staff when they had contacted the office to report concerns.
- Staff told us they enjoyed working for the service and felt supported. Staff confirmed regular meetings had been held along with information being communicated via phone calls.

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 provider was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives provided mixed views around the communication to and from the service. One relative in particular did not feel issues had been addressed or was confident concerns raised had been escalated correctly. The manager confirmed they had not been made aware of the majority of this relatives

issues by staff who had acted as first point of contact. They agreed to make contact with relatives to discuss any ongoing issues and ensure these were addressed.

Working in partnership with others

- We noted some examples of the service working in partnership with stakeholders and other professionals, in support of people using the service.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure care and support was provided in line with people's care plan. Care visits were not completed timely, people and relatives felt care was task orientated at times and not all aspects of the care plan had been completed.</p> <p>Complaints had not been managed in line with the complaints policy and procedures. Concerns raised by people and/or relatives had not been documented, escalated and investigated.</p>