

Niche Care Limited

Niche Care Ltd

Inspection report

1 Phoenix Riverside
Sheffield Road
Rotherham
South Yorkshire
S60 1FL

Tel: 01709794144
Website: www.nichecare.co.uk

Date of inspection visit:
21 April 2017

Date of publication:
25 May 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 April 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in November 2015, and was given an overall rating of "good." No breaches of regulations were identified at that inspection.

Niche Care Ltd provides personal care to people living in their own homes in the Rotherham and Sheffield areas. At the time of the inspection the provider had been through a rapid growth period and they were providing support to around 200 people.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager told us that the provider was in the process of restructuring, and another manager within the organisation was in the process of applying to register with CQC. They told us that this manager had day to day oversight of the service.

People gave positive feedback about their experience of receiving care from Niche Care Ltd, and praised the staff. Staff we spoke with told us that dignity and a caring approach underpinned all their work.

Staff received a broad range of training which assisted them with their roles, and the provider worked closely with an external trainer to ensure training was tailored to people's needs.

In most cases people had given consent to their care and support, although we discussed with the provider some areas where this could be strengthened.

People's care and progress was monitored so that the provider could respond to any changes, altering care packages as required to ensure people's needs were met.

We found that recruitment procedures were not always sufficiently robust and did not always comply with legislation.

The provider did not follow all required procedures in relation to safeguarding, although staff had a good knowledge of their safeguarding responsibilities. The provider had failed to make a number of legally required notifications to CQC, and managers stated they had not been aware of the requirement to do so.

Although individual aspects of service delivery were monitored, there was no overarching assessment of quality in place which meant that some shortfalls were not always identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Recruitment procedures were not always sufficiently robust and did not always comply with legislation.

Risk assessments and training were in place to assist staff in reducing the risk of harm or injury.

The provider did not follow all required procedures in relation to safeguarding, although staff had a good knowledge of their safeguarding responsibilities.

Is the service effective?

Good 

The service was effective.

Staff received a broad range of training which assisted them with their roles, and the provider worked closely with an external trainer to ensure training was tailored to people's needs.

In most cases people had given consent to their care and support, although we discussed with the provider some areas where this could be strengthened.

Is the service caring?

Good 

The service was caring.

People gave positive feedback about their experience of receiving care from Niche Care Ltd, and praised the staff.

Staff we spoke with told us that dignity and a caring approach underpinned all their work.

Is the service responsive?

Good 

The service was responsive.

People's care and progress was monitored so that the provider could respond to any changes, altering care packages as required to ensure people's needs were met.

Is the service well-led?

The service was not always well led.

The provider had failed to make a number of legally required notifications to CQC, and managers stated they had not been aware of the requirement to do so.

Although individual aspects of service delivery were monitored, there was no overarching assessment of quality in place which meant that some shortfalls were not always identified.

Requires Improvement 

Niche Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office which took place on 21 April 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We contacted one of the organisations who commissioned the service to seek their views about the service provided, and spoke with a sample of people using the service by telephone. During the inspection we spoke with members of the management team, the registered manager and interviewed care workers. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files and other records relating to the management of the service.

Is the service safe?

Our findings

Feedback from people using the service indicated that they felt the service provided was safe. One person described the care as "always safe." The provider's own surveys of people's experiences checked whether people felt safe when care staff were supporting them, and each respondent confirmed that they did.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at six people's care plans and saw that each one included assessments to identify and monitor any specific areas where people were at risk, such as how to support them when undertaking moving and handling procedures. Risk assessments had been reviewed at each periodic review meeting, to ensure that they remained relevant to people's needs and contributed to their safety.

An environmental risk assessment had been completed for people's homes in order that staff could work safely in them. This included information about any safety hazards, potential risks such as animals in the premises, and safety information such as the location of key equipment in the house. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with had a good understanding of safeguarding and were able to describe the signs of abuse, types of abuse and their responsibilities. They told us that they had received training in relation to abuse, and the provider's training records confirmed this. We looked at records of safeguarding incidents that had taken place within the service, and information shared with us by the local authority about such incidents. We found that although the provider had made appropriate referrals to the local authority, they had failed to make any of the required notifications to CQC. The manager whose responsibility this was told us they did not know that notifying CQC was a requirement.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009

Recruitment records showed that the provider's recruitment procedures did not comply with the law. We checked five staff files, but found that the provider did not always obtain the required information in order to make safe recruitment decisions. The law states that providers should obtain a full employment history prior to employing a person to work with vulnerable adults, and also states that where potential employees have previously worked with vulnerable adults their reason for leaving that employment should be ascertained. In the files we checked records showed that the provider had not obtained records of staff's full employment history, and in some cases staff had previously worked with vulnerable adults but there was no information about why they had left their roles. The provider's managing director told us that they would re-design their application forms to ensure that this information is captured in future.

Records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the

registered provider employing a person who may be a risk to vulnerable adults. However, in some of the files we checked we noted that DBS records showed concerning information, either in relation to criminal offences or previous conduct in care roles. There were no risk assessments relating to this information, meaning that the provider had not considered in depth any risks of recruiting people to work with vulnerable adults who have criminal records or concerning information.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a policy in place to guide staff in how to support people using medicines, including relation to recording and storing. However, we noted that medication records were not always kept adequately. For example, staff had not always signed to say whether medication was administered, and where medication administration records were completed by hand rather than by the prescribing pharmacist, staff had not signed to show who had taken responsibility for the accuracy of such records. There was a system in place for supervisors and managers to carry out periodic observations of staff administering medicines and testing staff knowledge, however, this had not always been completed at the provider's intended frequency. The provider's managing director told us that a system would be introduced immediately to address these shortfalls, and described the steps they would be taking.

Is the service effective?

Our findings

People's care was regularly reviewed, to ensure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular cycle. The reviews looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Review records were monitored by managers within the service, so that the effectiveness of the care provided was assessed.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all the staff we spoke with confirmed they had completed, included moving and handling, medicines, the protection of vulnerable adults and food hygiene amongst other, relevant training. Staff held, or were working towards, a nationally recognised qualification. The provider worked closely with an external training provider so that training could be tailored to the needs of people using the service. All training provided was classroom based so that staff's understanding could be checked and trainers could ensure staff were engaged with the training.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and in most cases people had completed forms giving their consent to receive care in the way set out, although we did identify a small number of shortfalls. We discussed this with the management team during the inspection and they confirmed that this would be improved.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes and information about choices the staff should offer. Where people required prompting with eating and drinking, there were detailed care plans setting out how people should be supported. We cross-checked this with care records which showed that staff were adhering to this guidance.

Is the service caring?

Our findings

We looked at surveys that people using the service had completed, and found that feedback about care was predominantly positive. One person said: "[it's] true care here and 100% reliability, there is a generosity of thought and actions." Another described the service as "a lifesaver." One person we spoke with told us: "They are very caring people, nothing's too much for them." We noted that where there had been any negative feedback, it was mostly in relation to situations where people had staff assigned to them that they didn't know. The provider's managing director told us about the steps they take to keep such occasions to a minimum and told us it was something they monitored.

Staff we spoke with told us that providing a good standard of care underpinned their induction and training, and said it was the most important aspect of their work. One staff member told us: "We have to be strong on dignity, that's the main thing and so it should be, we think about what our parents would want if they were being cared for, or what we'd want for our parents." Another described how they understood that when providing care tasks they were aware that they may be the only person that the person they were providing care for would see all day, and said that they always made sure they spent time chatting with them. Staff we spoke with told us they were familiar with people's care plans and had a good understanding of the care required.

We looked at six people's care records and checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan we looked at contained an assessment of people's needs. This was set out in sufficient detail for staff to understand what care was required. Each time staff completed a care visit they recorded details of it in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care required. However, we noted that care visits did not always last for the intended duration. We asked staff about this. Some told us that if the care tasks had been completed in less time than was allocated, the person would tell them they could leave early, however, other staff said that if they completed their tasks early they would always sit with the person and provide company. There was no information in any of the care plans we checked which set out which option was appropriate. We raised this with the management team and they told us they would carry out an assessment of each person's preferences, in order that people received care delivered in exactly the way they prefer it.

In the care records we checked we saw that there was evidence people had contributed to decision making about their care, and their views had been regularly sought so that they could be involved in planning their care.

Is the service responsive?

Our findings

We checked six care files, and saw they contained detailed information about all aspects of the person's needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff understood what was required.

There was information in the files we looked at relating to people's individual preferences and, where appropriate or relevant, their social and personal lives. Staff we spoke with told us that people's care records helped them understand people better so that they could respond appropriately to their needs.

We checked records of care delivered and saw that staff recorded observations of changes in people's needs or presentation. Staff we spoke with told us they understood the importance of recording changes or any concerns, so that care could be delivered in a way that met people's needs. One staff member told us they recalled this being discussed during their induction, and another told us they felt that accurate recording was one of the most important things they did to ensure the care they delivered was good.

Records of care delivered were monitored by team leaders and other supervisors, and contributed to care reviews so that any changes could be incorporated into the way care was delivered in the future, ensuring that the provider responded to people's changing needs.

We looked at records of complaints held by the provider. There had been no formal complaints received within the 12 months preceding the inspection, however, there were appropriate systems in place to handle any which should arise. There was a complaints policy which set out how complainants could make a complaint to the provider, and what timescales responses would be made in. At each review of people's care, the manager leading the review checked whether people were happy or had any concerns or complaints about their care.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by other managers and care co-ordinators as well as by the provider's directors. The registered manager told us that the management team was being restructured, and the care manager would be applying to become registered manager. The care manager told us that they had day to day oversight of the service.

We asked staff whether they considered they were supported by the provider and whether they felt they received information when they needed it. They told us that the office environment was supportive, friendly and welcoming, and said that management support was available whenever they needed it. One staff member described that whenever they had a query or concern when out providing care, there was always a manager available to speak with. Another told us that they often called into the office to talk with managers and other office staff as the environment was welcoming.

Managers used a system of team meetings, staff supervision and appraisal to enable staff to understand what was happening within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff supervision records showed that topics discussed included staff training, the needs of people using the service and health and safety issues. We looked at records which recorded the frequency of supervision and found that at times supervision and other quality monitoring meetings were not undertaken at the provider's planned frequency. We asked the provider's managing director how this was monitored, and they told us individual team leaders monitored this themselves; there was no overarching system in place which checked staff were receiving reviews and supervision at the planned frequency.

As well as supervision and quality reviews, there was a system of staff spot checks. This involved managers carrying out checks of staff undertaking their duties. These checks focussed on medicines management and moving and handling, as well as checking whether dignity was upheld, staff were on time, appropriately dressed and using the correct personal protective equipment. Again, however, we noted that the checks were not always taking place at the provider's required frequency.

We asked the managing director to describe any central quality monitoring system used, in order for them, as nominated individual, and the registered manager to monitor whether the systems and processes used ensured compliance with the fundamental standards. They described that although specific areas of operation were monitored by relevant managers and other staff, there was no overarching quality tool. They acknowledged that this may be how issues such as a failure to notify CQC of notifiable incidents and a shortfall in staff quality checks had not been identified or addressed.

There was a system in place for monitoring the duration and timeliness of care calls. This was an electronic system from which reports were produced each week. The staff member responsible for managing this system told us that it was discussed in weekly meetings, and supervisions would be held with staff where concerns were identified.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have appropriate arrangements in place to ensure that only fit and proper persons were employed to carry out the regulated activity. Regulation 19(1)(a)(b)(2)(a)</p>