

Niche Care Limited

Niche Care Kirklees

Inspection report

Headrow House
19 Old Leeds Road
Huddersfield
HD1 1SG

Tel: 01484794144
Website: www.nichecare.co.uk

Date of inspection visit:
18 October 2022
14 November 2022

Date of publication:
08 February 2023

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Summary

Niche Care Kirklees is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 40 people using the service.

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

People did not receive safe care. The support people received was not in-line with their needs. Staff did not have enough time to carry out calls to people. The time allocated to staff to travel to people was insufficient. Medicines were not administered as prescribed.

The manager did not have sufficient oversight of the service. Quality monitoring systems were inadequate, this led to repeated incidents occurring. Audits had not highlighted where improvements needed to be made. A system to learn lessons was not in place. Complaints of a similar nature had been raised. Feedback was not regularly sought and it was not used to drive improvement.

Staff were recruited safely. Staff understood how to safeguard people from the risks of abuse, however the systems in place to support safeguarding were not safe. Good infection prevention and control procedures were in place. Care plans and risk assessments were up to date and included personalised information.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to the quality of care received by people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Niche Care Kirklees on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to the safe management of medicines, receiving safe care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Niche Care Kirklees

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

This inspection was conducted by 2 inspectors.

Service and service type

Niche Care Kirklees 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 not a registered manager in post. The provider told us they were in the process of recruiting a registered manager.

Notice of inspection

We gave the service 12 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service and 6 relatives about their experience of the care provided. We spoke with 9 staff members including the manager. We looked at 4 care records and 3 medicine records. We looked at 2 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and service improvement plans.

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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection systems were not in place to demonstrate medicine was safely managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had not been made and the provider remained in breach of regulation 12.

- Medicines were not managed safely, and this placed people at significant harm. Medicines were not always given as prescribed.
- Staff had received training to dispense medicines and reported no concerns with administering medicines. One staff member said, "Its all on the system, very easy" however there was no evidence of competency checks for staff to ensure they remained safe to administer them.
- People and relatives gave mixed views about the support people received to take their medicines safely. One relative said, "They [staff] do give [Family member] medication, but I do not know if it is recorded at all and timing is anybody's guess." Another relative said, "They give me my meds and its written up on their pads."
- There was no guidance available to support staff to dispense 'when required' medicines to people. People did not always receive these medicines as prescribed. One staff member said, "I can see looking at the charts medication hasn't been given correct, it's all over the place."

We found no evidence people had been harmed. However, systems were not in place to demonstrate the risks to people were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider has shared evidence of addressing medicine issues found on the inspection.

Learning lessons when things go wrong

- Systems were not in place to ensure lessons were learned when things went wrong, for example with medicines and call times. Insufficient improvements had been taken since the last inspection and the risk of potential harm to people had increased.
- The provider did not learn from complaints raised about the service. We found similar themes of complaints reoccurred.
- Accidents and incidents were recorded. However, the analysis and monitoring of these was inadequate causing repeated incidents to occur.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate lessons were learnt. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were provided with information including guidance to support them to stay up to date with current practice. The provider communicated with staff through email updates.

Staffing and recruitment

At our last inspection systems were not in place to demonstrate staff were safely recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were not enough staff available to carry out calls safely. People did not receive their calls as planned. Some people did not receive all their agreed care hours, for example, an audit identified one person was allocated 17 hours of care each week and received only 8 hours.
- People told us staff did not stay for the required time and calls were regularly early or late. One person told us "Sometimes they [staff] are late and they [office] don't always tell us." Another person said, "They [staff] constantly ring up and ask if they can miss calls. It's the carers that ring, but the office [staff] are aware. It's just constant."
- People did not receive their full call times. This meant they did not receive care in-line with their individual needs. One person told us, "My carer leaves me in the shower on my own whilst they are on their phone and I am not supposed to be left." Another person said, "They [staff] are in and out too fast. I have to remake my bed after they have gone."
- Staff did not have sufficient travel time, and this impacted upon the care they were able to provide to people. One staff member said, "They give carers 5 minutes between calls and sometimes we don't even get the 5 minutes."

We found no evidence people had been harmed. However, systems were not in place to demonstrate staffing levels were safely managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Appropriate checks were completed on new applicants to ensure they were suitable for the role. Staff including the manager received an induction and regular supervision.
- Staff were up to date with mandatory training including the care certificate. All staff received an induction when they started at the service and regular competency checks.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were not always effective. Records contained gaps, for example, not all safeguarding incidents had been recorded. Where recorded, some information was missing. These gaps had not been identified through the providers quality assurance processes. Following our inspection, we made a safeguarding referral to the local authority.

We found no evidence people had been harmed. However, systems were not in place to demonstrate people were protected from the risk of abuse. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Staff demonstrated a good understanding of the safeguarding process. Staff had received safeguarding training.

Assessing risk, safety monitoring and management

- Risk assessments included specific information to reduce risks and provide safe care. Daily records demonstrated staff followed risk assessments.
- People and their relatives gave us mixed feedback about the safe delivery of care. One relative told us they did not feel their family member was always provided with safe care. Another person said, "oh yes I feel safe with them all."

Preventing and controlling infection

- The provider was effectively managing the prevention and control of infection. Supplies of person protective equipment (PPE) were available to all care staff.
- Staff wore the correct PPE on care visits. One person said, "They [staff] all wear the proper Covid stuff."
- The provider had policies in place for infection control (IPC) and COVID-19.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection systems were not operated effectively to consistently assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider was still in breach of regulation 17

- There was a lack of oversight in place to deliver a safe service. Leadership was inconsistent.
- Quality assurance systems were ineffective. Audits did not highlight where improvements needed to be made. This led to repeated issues taking place. For example, audits had not identified people were not receiving their calls as planned or that staff did not have sufficient travel time. Issues with medicines, accidents and incidents and complaints had not always been identified. This did not support a system of continuous improvement and placed people at significant risk of harm.
- Action plans to support improvements had not been addressed in a timely manner. There were no timescales for completion, and they had not been allocated to anyone to ensure the improvements were carried out. Action plans lacked clarity about concerns which had been identified.
- People and relatives gave us mixed views about how the service was managed. One relative told us communication with office staff could be difficult. Another person said, "I have never had to ring the office about anything. I have nothing to complain about. I am happy with them all."

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service asked for feedback, however not all people were included. Feedback was not used to improve the service. For example, one person told the provider staff did not communicate when visits were

cancelled, this was not addressed and happened repeatedly.

- The service communicated with staff. We saw evidence of communication through emails and newsletters. The service held team meetings however these were not regular.
- The manager was unable to demonstrate how they promote a positive culture in the service. The manager told us they were a registered manager at a different location, and they did not have the time to make the improvements the service needed.
- Staff were not involved in the development of the service. We saw evidence of communication and feedback from staff was positive. One staff member said, "We do have regular meetings, I've also recently had a supervision and spot check." However, there was no evidence of staff voice in the service action plan.

We found no evidence that people had been harmed. However, the service did not adequately engage with staff and people who use the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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 service did not create an environment that encouraged candour, openness and transparency. There was no evidence the provider apologised following complaints.
- The provider engaged with the local authority. The manager attended regular meetings with the local authority to discuss shortfalls in the delivery of care.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure medicines were managed safely.</p> <p>The provider did not ensure people received their care in line with their assessed needs.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no oversight of the service and the provider failed to evidence how the service continued to improve.

The enforcement action we took:

We gave the Provider a warning notice