Nissi Home Care Limited

Nissi Home Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 September 2018 and was announced. We informed the provider 24 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection since the service was registered on 3 November 2017.

Nissi Home Care is a domiciliary care agency. It is registered to provide personal care to older people, younger adults, people with dementia, people with a mental health condition, a learning disability or autistic spectrum disorder, an eating disorder, a physical disability, and sensory impairment.

Not everyone using Nissi Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, the service was providing personal care to three people living in their own houses and flats in the community.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People and relatives told us they trusted staff and felt safe with them. Staff knew their role in identifying and reporting abuse and poor care and knew how to escalate concerns. The provider maintained detailed risk assessments that gave information on risks to people and measures staff needed to take to ensure safe care. Staff had a good understanding of risks to people and how to meet their needs safely. There were systems in place for safe medicines management. Suitable and sufficient staff were recruited to ensure people at risk were supported by staff that were safe. Staff were trained in infection control and followed safe infection control practices to prevent the spread of infection. There were systems in place to report, record, investigate incidents and learn lessons from them.

People's needs were assessed and they told us staff met their individualised needs. Staff were provided with regular support and sufficient training to do their jobs effectively. People told us their dietary needs were met. The registered manager supported people to access healthcare services when requested. Staff sought people's consent before providing care and people told us staff gave them choices and encouraged them to make decisions.

People and relatives told us staff were caring and treated them with dignity and were respectful. Staff were trained in dignity and privacy and understood the importance of providing dignified care. People's cultural and religious needs were recorded and met. Staff encouraged people to remain as independent as possible.

People's care plans were comprehensive and personalised. Staff knew people's likes and dislikes and were trained in person-centred care. People told us they received personalised care. Staff supported people in

accessing community venues and activities when requested. The provider involved people and relatives where necessary in the care planning and reviews. People and relatives knew how to raise concerns but told us they had not made complaints. There were systems in place to support people with end of life care needs.

The registered manager had a good understanding of the needs of people who used the service and their responsibilities in notifying us of incidents. There were monitoring, auditing and evaluating systems in place to improve the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe with staff. Staff had a good understanding of risks to people's health, care and mobility needs. People's risk assessments gave staff information on how to provide safe care. Staff knew their role in identifying and reporting abuse and poor care.

Although people did not require medicines management support, the provider had systems in place for safe medicines management. Suitable and sufficient staff were recruited to meet people's needs safely.

Staff were trained in infection control and followed safe practices to prevent the spread of infection. The provider had processes in place to learn lessons from incidents.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started receiving support. Staff had a good understanding of people's needs. They received sufficient training and support to provide effective care.

The provider supported people to access healthcare services where requested. People told us their dietary needs were met.

People told us staff asked their permission before supporting them and gave them choices.

Is the service caring?

Good

The service was caring.

People told us staff were caring and treated them with dignity and respect. Staff encouraged people to express their views and involved them in the care planning process.

People received the same team of staff to support them. Staff spoke about people in a caring way. People's cultural and

religious needs were identified, recorded and met.

Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and relatives told us they received personalised care. Their care plans were comprehensive and gave information to staff on how to provide person-centred care. Staff were trained in equality and diversity and treated people as individuals.

People and relatives knew how to make a complaint but told us they had not made any complaints.

The provider had systems in place to support people with end of life care needs.

Is the service well-led?

Good

The service was well led.

People and their relatives were happy with the service. Staff told us the registered manager was approachable and supportive.

The registered manager had a good knowledge about their role and responsibilities. There was a business plan in place to enable steady growth of the service.

The provider had monitoring and auditing systems in place to ensure the safety and quality of the service and to improve the service.

Nissi Home Care

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 is 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.

This inspection took place on 25 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by one inspector who visited the provider's office.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. 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. This inspection was informed by the feedback from the funding local authority.

During the inspection visit, we spoke to the registered manager and one relative. We reviewed three people's care plans and risk assessments, four staff files including recruitment and training, and records related to the management of the service.

Following the inspection, we spoke to one person who used the service and two care staff. We reviewed documents provided to us after the inspection including call logs, daily care logs, updated risk assessment, and policies and procedures.

Good

Is the service safe?

Our findings

A person and a relative told us staff were trustworthy and they felt safe with them. One person commented, "Yes, I feel safe and trust them [staff]." A relative said, "[Person who used the service] is very very safe with them [staff]."

Staff were trained in safeguarding and demonstrated a good understanding of their role in identifying and reporting abuse, poor care and neglect. Staff comments included, "Safeguarding is protecting vulnerable adults and children from neglect and abuse. I have to report it [concerns] to my manager, I cannot keep it a secret" and "Protecting our clients [people who used the service] from harm and abuse. Abuse can be physical, mental, financial, sexual. Look for any bruises, lack of food, toiletries, basic necessities, change in behaviour and report it straightaway to my manager." Staff knew the provider's whistleblowing policy and told us they would blow the whistle if people's safety was at risk. Their comments included, "Superior to [registered manager] should be reported, such as a social worker, CQC and the police. I would feel comfortable in whistleblowing, if someone's life is at risk" and "If [registered manager] does not do anything about it, I would report it to the local authority and CQC."

Risks to people were identified, assessed and measures were put in place to ensure people and staff's safety. Risk assessments were detailed and were for areas such as falls, moving and handling, medicines, nutrition and hydration, personal safety and health conditions. For example, for one person living with type two diabetes their care plan gave information to staff on the risks associated with their health condition. The document instructed staff on how to meet this person's dietary needs safely, gave information on the signs to look out for when blood sugar levels drop and what to do when they notice any signs. Staff we spoke to had a good understanding of risks to people and how to provide safe care. One staff member said, "I support [person who used the service] with her personal care needs as [person who used the service] has diabetes I make sure to monitor [person who used the service] feet for any sores or injuries. If I notice anything I need to report it to [registered manager]." The registered manager told us they reviewed people's risk assessments and corresponding care plans six weeks after they had commenced the service and then every six months or as and when people's needs changed. Records confirmed this. This meant the provider had systems in place to safeguard people against abuse and harm.

The provider followed safe recruitment practices to ensure people who were vulnerable as a result of their circumstances were supported by staff who were safe, of good character and with the right skills. Staff files had application forms, interview notes, contracts of employment, proof of identity, references, right to work in this country and criminal record checks. This meant people were supported by staff that were suitably recruited.

A person and a relative told us staff were reliable and were satisfied with staff timekeeping and punctuality. A person said, "Yes, she [staff member] comes on time. I have never had a missed visit." A relative commented, "They [staff] always arrive on time and at times stay longer than the agreed time." Staff rotas showed people received care visits as per their preferred and agreed time. The service had enough staff to meet people's needs and during emergencies the registered manager attended care visits. The registered

manager told us they were carrying out ongoing recruitment to ensure sufficient staffing was available before they took on additional care packages.

The provider had a medicines policy and processes in place to support people with medicines management. Staff were trained in safe medicines administration, and records confirmed this. However, people currently using the service did not require support with medicines management. The registered manager told us they had developed medicines administration record charts as per the required guidelines to ensure safe medicines management. Records confirmed this.

Staff were trained in infection control and knew the importance of following infection control practices to prevent risk of infection. Staff told us they were provided with sufficient quantities of personal protective equipment including gloves. One staff member said, "I am given gloves so that when supporting people, I can wear them to prevent spread of infection."

The provider had systems and processes in place to record, report and learn lessons from incidents. They told us they would share the learning with staff via staff meetings and one to one supervisions to reduce the reoccurrences and that people were supported safely.

Good

Is the service effective?

Our findings

A person and a relative told us staff knew their needs and provided effective care. A person said, "[Staff member] know what she has to do and she [staff member] does it alright." The relative told us, "They [staff] are very good, flexible and know what they are doing."

People's needs were assessed before they started receiving care and support. The registered manager visited people at their homes, met their relatives where requested and contacted healthcare professionals involved in people's care to identify their needs and abilities. The assessment form captured information on how people wanted to be supported, their medical and physical history, mental state, communication, personal care, and nutrition and hydration needs. Records confirmed this. The registered manager told us the needs assessment process informed people's care plans to ensure people receive effective care.

Staff received induction and sufficient training to meet people's needs effectively. Training included areas such as safeguarding, moving and handling, health and safety, first aid, medicines, nutrition and hydration. All staff were also required to complete the Care Certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff told us they found induction and training helpful. Their comments included, "I was given training before I started working with people. Induction training included safeguarding, food hygiene, health and safety. The [registered] manager asked me if I wanted any extra training, she would organise it for me" and "We had three days induction training, we did medication management, safeguarding, moving and handling, infection control. It was really good. It does help in our daily work." Records confirmed this.

Staff told us they felt well supported and had met with the registered manager for one to one discussions. Where they talked about the needs of people they supported, training opportunities and other aspects of care delivery. The provider had a supervision policy which was in date and a supervision template that they had recently developed to be used to record future supervision sessions. The registered manager told us staff would be provided with four supervision sessions and more when required. This showed the provider had systems in place to provide staff with regular support and supervision. There were processes in place to ensure staff's performance would be appraised when they had completed a year.

People were supported with their nutrition and hydration needs where this was requested. People's dietary needs were clearly recorded in their care plans and how staff were required to support them. For example, one person's care plan instructed staff to offer and warm up homecooked meals left in the fridge for the person and make hot drinks for them as per their choice. Staff we spoke to had a good understanding of people's dietary needs. A staff member told us they encouraged a person living with diabetes to incorporate a nutritionally balanced diet and reduce sugar intake to promote healthy living.

The provider supported people to access healthcare services. The registered manager made contacts with the relevant professionals with people's consent after they had started supporting the person. Healthcare professionals' records were securely kept in people's files for good audit trail. For example, one person required more support at home, the registered manager wrote to the person's GP to request a referral for a

full healthcare assessment.

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.

A person and a relative told us staff gave them choices and asked their consent before they provided care. One person said, "Yes, [staff member] asks me what I want help with." A relative commented, "Yes, they [staff] do give him choices. For example, bring out story books, tablet and ask [person who used the service] to choose." Staff we spoke to demonstrated a good understanding of people's right to choose and told us they encouraged people to make decisions. One staff member said, "When someone is unable to decide for themselves. There are systems in place to protect them. I will ask them how they would like to be supported, give them choices." Another staff member commented, "I never force [person who used the service], I ask how [person who used the service] likes to be supported, give her choices."

People's care plans made reference to their capacity to make decisions. Their care files had signed consent to care and treatment, and to share information forms. All people had capacity to make decisions regarding their care and treatment.

Good

Is the service caring?

Our findings

A person and a relative told us staff were caring and helpful. A person said, "[Staff member] is very nice. She [staff member] listens to me." A relative commented, "They [staff] are very caring, very helpful and respectful. They [staff] would go extra to help. They are very kind. We have a big park and [registered manager] would take out my [person who used the service] to give me a break." Staff we spoke with told us they shared positive relationships with people and their relatives. They spoke about people in a caring and sensitive way.

A person and a relative told us they received the same staff team to support them which promoted trust and confidence. The registered manager told us continuity of care was important to them and hence, ensured that the same team of staff supported people on a regular basis. A relative, commented, "[Person who use the service is supported by the same two carers [staff]. [Person who used the service] has formed a bond with them." Staff rotas showed the same staff supported people and the backup staff to fill in any absences and emergencies remained the same. This meant the provider had systems in place to ensure continuity of care.

A person and a relative told us staff encouraged them to express their views and they were involved in the care planning process and made decisions regarding their care and treatment.

The registered manager told us they matched staff with people based on cultural and religious needs, gender specific care, similar interests and geographical location. They said it was important to get the staff allocation right as that enabled people and staff to form positive relationships. People's care plans recorded their cultural needs and beliefs. For example, one person told us the staff member that supported them also spent time reading their religious book and joined them in prayers. This person's care plan recorded their religious needs and instructed staff on how to meet those needs.

A person and a relative told us staff listened to them and treated them with respect. A person said, "She treats me with dignity and respects my privacy." Staff received training in 'privacy and dignity', and 'your role of a carer' and the registered manager reinforced the importance of providing dignity in care via staff meetings. Records confirmed this. Staff gave us examples of how they ensured people received dignified care. Their comments included, "When assisting with personal care, I draw the curtains, shut the door, I don't rush [person who used the service] and support [person who used the service] at her preferred speed" and "I respect what [person who used the service] tells me to do. Everything [person who used the service] tells me to do I support [person who used the service] with. I listen to [person who used the service]."

Staff told us they encouraged people to remain as independent as possible. A person and the relative confirmed that. A person commented, "I try to do what I can and ask for help when I cannot. She [staff member] always encourages and supports me to do things for myself." One staff member said, "I encourage [person who used the service] to wash her face, help prepare a cup of tea."

Good

Is the service responsive?

Our findings

A person and a relative told us staff provided personalised care. A person commented the staff member knew their likes and dislikes and how they liked to be supported. A relative said, "They [staff] took [person who used the service] out to cinema, I observed them [staff] and they [staff] communicated well and engaged very well."

Following people's needs assessment the registered manager developed their care plans that detailed people's likes, dislikes, background history, hobbies and interests, their support network, their needs and abilities, and how they liked to be supported. People's care plans were comprehensive and instructed staff on how to provide person-centred care. For example, one person's care plan stated they had a very supportive family that visited them regularly and the person was very close to their relatives, gave information on the person's previous profession and their interests.

The registered manager also developed a one-page support plan that informed staff on the care visit days, timings, the support required and how to meet their individualised needs in a safe and personalised manner. For example, one person's support plan instructed staff to arrive on time and engage with the person in a conversation to ascertain their level of recognition. The support plan informed staff on how to provide personalised care, by reminding staff to ask the person what they wanted staff to do first, ask them what they wanted to drink and eat, if they wanted a shower then assist them with it and throughout the whole process engage with and explain to the person what was going on. Another person's support plan instructed staff to be patient and wait after they had rang the doorbell as the person could take time to answer the door due to their health condition. On arrival the support plan instructed staff to remove their shoes and put on slippers provided by the service as this was the person's wish.

Staff were trained in person-centred care. Staff we spoke to had a good understanding of people's likes and dislikes and how to provide person-centred care. A staff member told us, "[Person who used the service] likes [to eat] bread, fish, meat and vegetables but does not like rice. [Person who used the service] likes to drink mint tea and other herbal teas." Another staff member said, "[Person who used the service] likes a cup of tea in the morning with fried eggs on a slice of toast and the favourite drink is condensed milk."

The registered manager had created 'About Me' books for people with a learning disability or autistic spectrum disorder that gave information to staff on areas such as their life histories, language preferences, their family and friends, things staff should know about them, how they communicated, and their likes and dislikes. For example, one person's 'About Me' book stated they preferred staff to use symbols and objects when they offered choices, for staff to use clear simple sentences and sign key words, and the person would express their views and choices by reaching out to and touching things and facial expressions. This showed the provider gave staff sufficient information for them to deliver personalised care.

The registered manager told us they involved people and relatives where requested in care reviews. People and relatives confirmed this and told us staff provided care as per the agreed care plan. A relative commented, "They [staff] follow the care plan that has been devised. I have been part of the care review

meetings."

Staff were trained in equality and diversity and told us they treated people how they would like to be treated. The registered manager told us they welcomed people and staff from diverse backgrounds including lesbian, gay, bisexual and transgender (LGBT) people. They further said they were in the process of reviewing their marketing material to promote their services to LGBT people.

People were supported to access community venues and engage in activities when this was requested. For example, one person who had requested support with activities, their relative told us staff supported them go to cinemas, parks, cafes. They said, "[Person who used the service] likes this particular book and listens to staff when they read. Staff takes [person who used the service] to parks, cinemas, swimming." Staff recorded in people's daily care records care visit dates and times and how they were supported, their mental and physical state and what they consumed. Daily care records notes included, "[Person who used the service] looks happy and alert. I took [person who used the service] to the park, enjoyed being on the swing", "Gave [person who used the service] a yoghurt which [person who used the service] enjoyed" and "I met [person who used the service] ready in a lovely [place of worship] outfit. I went to [place of worship] with [person who used the service]." This showed staff supported people as per their wishes and kept clear records of how they were supported.

People and relatives knew how to raise concerns and make a complaint. However, no one had made a complaint. A person said, "If I am not happy about something I would speak to [relative] and she would speak to [registered manager]. I have not had to make complaints." A relative told us, "Yes, I am able to speak to [registered manager] anytime. I have no concerns about the carers [staff] and the care package." The provider had a complaints policy which was in date and systems in place to report, record and investigate complaints.

The provider had processes and systems in place to support people with end of life care needs. Staff were trained in end of life care. However, currently no one was being supported with end of life and palliative care needs.

Good

Is the service well-led?

Our findings

People and relatives told us they were happy with the service and would recommend it to others. A person said, "I am happy with the service and would be happy to recommend it to others." A relative commented, "The service is spot on. Oh yes, I would recommend the service. I have already recommended it to two other people. It is a good agency." People and relatives spoke highly of the registered manager and told us it was well managed. A person told us, "I have met [registered manager] and she is alright. So far things have been fine." A relative said, "If I call [registered manager] and she is unable to answer, she would call back as soon as possible. I asked [registered manager] for information on something and she did the research and sent it to me."

The registered manager had many years of hands on care and care manager experience. They demonstrated a good understanding of their role and responsibilities, and the incidents they needed to notify us by law. There were policies and procedures in place which were in date and appropriate to the type of this service. The registered manager had a business plan in place that enabled the service to grow at a steady and gradual pace to ensure the quality and safety of care was maintained. The registered manager also devised a robust business continuity plan to ensure in times of business disruption the services were not affected.

Staff we spoke to told us the service was well managed and felt supported by the registered manager. Their comments included, "[The registered manager] is very good. Yes, I find her supportive. When I need help she is there to help. I would recommend other workers to work with her" and "[The registered manager] is very helpful. She is very pleasant and have not had any problems with her. She does listen to me. I like working with this agency and enjoy my job and supporting people." Staff told us they had attended staff meetings and found it useful. Records showed the topics discussed at the meetings were on how to become an 'outstanding' service, people's needs, training, spot checks, supervision and recordkeeping.

The registered manager carried out internal audits of care plans and staff files including training and telephone monitoring and spot checks. Records confirmed this. A relative said, "[The registered manager] asks me if [I am] happy with the care [and] [the] carers [staff]. She comes every two weeks to carry out spot checks." They had systems in place to seek people, relatives and staff feedback on the quality of care via annual surveys. The registered manager told us they were in the process of carrying out their first annual survey.

The provider had a visit from the local authorities and they were happy with their systems and processes. We spoke to a local authority who told us they found the provider's systems satisfactory and knew the registered manager and were reassured by their knowledge, skills and experience.