

Nissi Business Solutions Ltd

Nissi Care Solutions

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

We undertook an announced inspection of Nissi Care (DCA) on 19 October 2017. We told the registered manager two days before our visit that we would be coming. Nissi Care provides personal care services to people who are living in their own homes. At the time of our inspection 61 people were receiving personal care from the service.

At the previous inspection in October 2016 we found the provider had not taken the necessary actions to ensure that medicines were managed safely. People's Medicine administration records (MAR) did not always contain accurate information relating to the administration requirements of specific medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People were not always supported in line with the principles of Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. The provider did not have an effective system in place to monitor the ongoing management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. People received their medicines as prescribed.

The registered manager was knowledgeable about MCA and how to ensure the rights of people who lacked capacity were protected. People were supported in line with the principles of MCA.

Regular audits were conducted to monitor the quality of service. These were carried out by the deputy manager and then checked by the registered manager. Audits covered all aspects of care. Information was analysed and action plans created to allow the registered manager to improve the service.

The service had a registered manager. 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 told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People's care records contained up to date and accurate information and guidance for staff to mitigate the risks associated with people's care.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with staff who had a caring approach to their work.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service.

The service sought people's views and opinions. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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.

Where people were identified as being at risk, assessments were in place.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied its principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

The service was responsive to peoples changing needs.

Is the service well-led?

The service was well led.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Good ●

Nissi Care Solutions

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 checked 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.

This inspection took place on 19 October 2017 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with eight people, five relatives, five care staff, the deputy manager and registered manager. We looked at five people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection in October 2016 we found the provider had not taken the necessary to ensure that medicines were managed safely. People's Medicine administration records (MAR) did not always contain accurate information relating to the administration requirements of specific medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. For example, where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. One person we spoke with told us, "They are marvellous, they always make sure I take my tablets, I couldn't manage it without them". Another person told us, "(Staff) always makes sure I take (medicine)".

One person was prescribed a medicine to be taken weekly. The medicine required the person to take the medicine at a specific time and to maintain a specific position following the administration. This information was documented on the MAR. The MAR and the persons daily records evidenced that this person had received their medicine as prescribed.

Another person received their medicine through a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube which is inserted in a person's stomach in which liquid food and medicines are given. Records confirmed that this person received their medicines as prescribed by staff who had their competencies checked by a registered nurse.

People told us they felt safe. Comments included "I feel very safe when I am with (staff)", "I have no concerns about the (staff) that visit here" and "They put me at ease". A relative we spoke with told us; "(Person) is safe when they are around, I am very pleased with them all". Another relative said, "(Person) is always happy and pleased to see them".

People's care plans contained risk assessments which included risks associated with moving and handling, pressure damage, falls, medication and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of pressure damage. The person's care record gave guidance for staff on the use of pressure relieving equipment and to carry out frequent observations. This person care record gave clear guidance for staff to report any changes to the person's skin viability to healthcare professionals. Staff we spoke with were aware of this guidance and told us they followed it.

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. One member of staff told us, "I would speak with my manager straight away, I am

confident that she would listen and do something about it". Another staff member said, "I would speak with (deputy manager) first, if she was not available I would go to [registered manager]".

Staff were also aware they could report externally if needed. One staff member said, "I would contact Swindon Safeguarding Team, or if I felt the person was in immediate danger then I would contact the police". Another staff member said, "I would get in touch with CQC (Care Quality Commission) or social services".

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "They are doing great. They come in twice a day and they always come when they are supposed to", "They are always on time. There may have been an occasion when they were a little late, but they let me know. In fact I can't remember when it happened it was that long ago" and "They always come when they are supposed to". A staff member we spoke with told us, "I don't feel under pressure".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. One new member of staff told us "I had my DBS checked before I worked alone".

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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.

At the previous inspection in October 2016 we found the registered manager did not have a clear understanding of the MCA. We also found that people were not always supported in line with the principles of MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. For example, the registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "It is decision specific. Capacity can change and we must always assume capacity. Any decisions or measures that put in place for people must be the least restrictive options and in the persons best interests". We saw evidence that where necessary people's legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

We saw evidence people were supported in line with the principles of MCA. For example People's care plans contain capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service had ensured that decision were made in people's best interests.

We saw evidence of how the service had raised concerns to the local authority about a person who was making decisions on behalf of another person's care and finances, without the legal right to do so. The service had identified this through their assessment process and as a result raised their concerns with the local authority. This resulted in the appropriate measures being put in place. This included the person receiving support from a Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. We spoke with the deputy manager about this and they told us, "I felt so good fighting for this lady's rights".

Staff we spoke with had a good understanding of the Act. Comments included "We must always assume capacity. If I had any concerns then I would go straight to (deputy manager)", "Capacity can change", "The mental capacity act is there to protect people who are unable to make safe decisions. This may be because of a medical reason like dementia, learning disabilities or a brain injury", "All decisions must be in a person's best interests" and "Capacity changes its decision specific".

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included; "They are very good. I wouldn't know what to do without them",

"They are all very much on the ball when it comes to (persons) care", "The staff are very good and they know what they are doing". A relative said, "The staff seem very knowledgeable".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; Dementia, safeguarding, MCA, infection control, equality and diversity, medication, first aid and health and safety. Staff told us that the training supported them in their roles. One staff member told us, "We have a lovely lady who comes in to deliver the training, it's really good. We can always follow up any questions we may have after the training". Another staff member who had completed equality and diversity training told us, "It was good. It's all about respecting people's rights and treating everyone as an individual. Equality and diversity is person centred care in its basic form".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "They are arranging for me to do my NVQ". The deputy manager told us, "I am doing my level five, and following the last inspection I have decided to do my final assignment on Mental Capacity Act".

Newly appointed care staff went through an induction period which was matched to the care certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support'. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "My induction was based on the care certificate. I also had to shadow for two weeks to make sure I could do the job". The deputy manager told us, "Everyone goes through the same induction. At the end of the day we need assurances that staff know what they are doing".

Staff told us, and records confirmed they had effective support. One staff member we spoke with told us, "From my heart, I can't fault them. Whether it is training or a personal issue. They are there for you. They are brilliant". Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us, "We talk about how I am doing and if I have any problems or things I am unsure about". Another staff member said, "We discuss my training needs or any adjustments we need to make to the way we do things".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us, "We get regular spot checks to ensure we are doing what we are meant to".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. One person we spoke with told us, "They are great at supporting me (with food)". One person was at risk of malnutrition. This person's care plan gave guidance for staff to provide snacks and fluids for the person to have in between care visits. This person's daily records confirmed that this person was being supported in line with their care plan.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's

care plans.

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The care they provide is lovely", "The care is brilliant", "They are looking after me very well. I could not ask for more", "We have been very impressed with them. The carers are lovely. They are very kind and compassionate people" and "Nissi have worked hard to keep me at home. If it wasn't for them then I am certain I would be in a (care home)". A relative we spoke with told us, "I am very happy with the staff and the care that is provided". Another relative said, "The staff are nice and pleasant".

Staff told us they enjoyed working at the service. One staff member we spoke with told us "It's a rewarding job. It's the little things that make people smile that makes it all worth it".

People told us staff were friendly, polite and respectful when providing support. One person told us, "(Staff) is very polite, respectful and caring". Another person said, "They are very helpful and nothing ever feels like it's too much effort".

People told us they were treated with dignity and respect. One person we spoke with told us, "They respect my privacy". Another person said, "I've never had a problem when it comes to being treated with dignity". Relatives we spoke with told us, "They always cover (person) up", "First thing they do is close the curtains. The second thing they do is ask me to leave" and "They always make sure he's covered up and use a towel when they need to". One relative we spoke with explained how a relative's care needs had changed and as a result their preference and they wished to have a different age and gender of care worker. They told us how the service had met their relative's needs and how this had put them at ease.

We asked staff how they promoted people's dignity and respect. Staff comments included; "We always cover people up", "Make sure doors and windows are closed and that the room is warm enough. It's what people deserve. People should be treated the same ways as we would want to be treated ourselves" and "We must make sure people are at ease. We do this by giving them as much privacy as possible".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us, "It makes people feel in control and gives them the opportunity to refuse something". Another staff member said, "It gives people a feeling of being in control".

A person we spoke with told us, "They always let me know what's happening. I never feel rushed or under pressure". Another person said, "I feel (staff) always puts herself in my position before helping me with anything".

People told us they felt involved in their care. One person told us; "They are always asking if I need anything else". Another person said, "I am certainly made to feel involved". A relative we spoke with told us, "They always include (person) and me".

Staff we spoke with told us how they supported people to do as much as they could for themselves and

recognised the importance of promoting people's independence. One staff member told us, "Independence promotes quality of life". Another staff member said, "I think of things from my perspective. Independence is something that I value and it's something that promotes our individual wellbeing".

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it. One person we spoke with told us, "They are always encouraging me to do what I can for myself".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained a document called 'What is important to me'. This document captured person specific information that included people's personal histories, personal care preferences, food preferences, favourite pastimes and people who were important to them.

The service recognised the importance of person centred care. Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about what a person liked to watch on television and how they enjoyed doing crosswords. The information shared with us by the staff members matched the information within people's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records highlighted the person had difficulties with their hearing. The persons care records gave guidance for staff to raise their voice and ensure they were looking directly at the person when speaking. Staff we spoke with were aware of this guidance and followed it.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us, "I have just had my care plan review". A relative we spoke with told us, "They do reviews with (person). They arrange this directly with (person) and then let us know".

Relatives told us the service was responsive to peoples changing needs. One relative told us; "Once (person) became upset. (Staff) took the time to sit with them and explain the situation. They gave (person) reassurance and really looked after him". Another relative told us, "If (person) has any medical problems or if there are concerns with (skin viability). Then they are on to the district nurses straight away and they always explain things to me".

We saw evidence of how the service responded to people's changing needs. For example, one person needs had change in relation to their skin viability. As a result the service sought the guidance from healthcare professional and the persons condition improved. We spoke with this person relative and they told us, "(Person) started to develop a pressure sore. They contacted the district nurse immediately and we got the help we needed. It got better straight away".

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "They listen to me whenever I have something to say. If something is wrong then they put it right straight away". Another person said, "We get

asked regularly for feedback".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been five complaints since our last inspection. One person we spoke with told us, "I raised a complaint once and it was sorted straight away". Another person told us, "If there is a problem, then [registered manager] is quick to sort things out". The registered manager told us, "I try my hardest to encourage people to make complaints. Complaints will help us to improve".

Is the service well-led?

Our findings

At the previous inspection in August 2016 we found the provider did not have an effective system in place to monitor the ongoing management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. Regular audits were conducted to monitor the quality of service. These were carried out by the deputy manager and then checked by the registered manager. Audits covered all aspects of care including, care plans, risk assessments medication and the day to day running of the service.

Information was analysed and action plans created to allow the registered manager to improve the service. For example a recent audit of medicines records had identified inconsistencies in people's MAR charts. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received their medicines as prescribed. Once the registered manager was confident that people had received their medicines, they then addressed this with staff at a team meeting. As a result the standard of records improved. The deputy manager told us, "We address shortfalls in the system daily, to ensure we are delivering the care that people are expecting and need".

One audit of daily records had identified a shortfall in a person's care needs not being delivered. This was addressed immediately and found to be a recording mistake on the person electronic care records. The deputy manager addressed this immediately with staff and raised the issue again at a team meeting

People and their relatives spoke positively about the registered manager. Comments included; "[Registered manager] works her socks off", "[Registered manager] is considerate and sensitive to our needs", "[Registered manager] is always available if you need her. She can't do enough for you", "If ever I have called with a problem then she has resolved it straight away" and "I think [Registered manager] is excellent".

Staff spoke positively about the registered manager. Comments included; "[Registered manager] is so understanding and approachable. Best person to work for ever" and "[Registered manager] is lovely, caring and will help out with anything".

The registered manager told us their visions and values for the service were, "For people to be happy and satisfied with their care. We want people to be able to stay in their homes for as long as possible. We want to ensure that our clients come first in everything we do". There was a positive and open culture in the office and the registered manager was available and approachable. Staff who visited the office spoke with the registered manager in an open and trusting manner.

Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We share updates and procedures. We always follow up actions from the last meeting".

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person became agitated during a transfer. The service identified that there was a problem with the person's moving and handling equipment. The service liaised with the person's occupational therapist and new equipment was installed. The impact of this resulted in the person feeling safer during transfers. Following this there were no further incidents.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and healthcare professionals.