Niche Care Limited

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Inspection report

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Date of inspection visit:
13 July 2018

Date of publication:
17 August 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 13 July 2018, and was unannounced The service was last inspected in January 2018 , and was rated Good. We carried out this inspection as we had received concerning information about the service, and found that the service had deteriorated to Requires Improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults in the Rotherham and Sheffield areas. At the time of the inspection they were providing support to over 300 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.

People told us that they experienced a good standard of care and that they found staff to be pleasant and caring.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were predominantly up to date and detailed.

We found recruitment processes were mostly thorough, which helped the employer make safer recruitment decisions when employing new staff. Staff had completed a comprehensive induction and training programme before commencing work. This helped them meet the needs of the people they supported.

The way that medicines were managed by the service was not safe and did not ensure that people received their medication in accordance with the prescriber's instructions.

Records did not demonstrate people's capacity to make decisions had been considered as part of their care assessment, and on occasion relatives had been required to make decisions on other people's behalf, which does not reflect lawful decision making.

People's care files showed that their care needs had been thoroughly assessed, and they mostly received care in accordance with their assessed needs. However, care visits did not always last the planned duration.

There was a system in place to tell people how to make a complaint and how it would be managed, and this was explained to people when they first started using the service.

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However, the formal audit system had failed to recognise or address shortfalls within service provision.

Staff received regular supervision and appraisal, and the standard and quality of care visits was regularly monitored.

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 consistently safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were predominantly up to date and detailed.

We found recruitment processes were mostly thorough, which helped the employer make safer recruitment decisions when employing new staff.

The way that medicines were managed by the service was not safe and did not ensure that people received their medication in accordance with the prescriber's instructions.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff had completed a comprehensive induction and training programme before commencing work. This helped them meet the needs of the people they supported.

Records did not demonstrate people's capacity to make decisions had been considered as part of their care assessment, and on occasion relatives had been required to make decisions on other people's behalf, which does not reflect lawful decision making.

Is the service caring?

Requires Improvement

The service was not consistently caring

People's care files showed that their care needs had been thoroughly assessed, and they mostly received care in accordance with their assessed needs. However, care visits did not always last the planned duration

People told us that they experienced a good standard of care and that they found staff to be pleasant and caring.

Is the service responsive?

Good

The service was responsive

People's care was regularly reviewed to ensure it met their needs, and care was tailored towards each person's individual preferences and care needs.

There was a system in place to tell people how to make a complaint and how it would be managed, and this was explained to people when they first started using the service.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However,the formal audit system had failed to recognise or address shortfalls within service provision.

Staff received regular supervision and appraisal, and the standard and quality of care visits was regularly monitored.

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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 13 July 2018. The inspection was unannounced, meaning that the registered manager and staff did not know the inspection was going to take place. 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 spoke with five people using the service by telephone to find out about their experience of receiving care from the provider. We also spoke with five care staff and the registered manager.

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

Requires Improvement

Is the service safe?

Our findings

At the inspection of January 2018 we rated the service "good" for this domain. However, at this inspection we found that it had deteriorated to "requires improvement."

We looked at the arrangements in place for managing and administering people's medication, and identified concerns in relation to this. Where staff were required to administer people's medication, their records contained Medication Administration Records (MARs) where staff were required to sign to confirm they administered the medication. In some of the files we looked at these had been handwritten by staff. There was no information about which staff had done this, and there were no double checks to ensure accuracy. This meant there was a risk that people's medication information may not be accurately recorded. For example, in one file we saw that the person had been prescribed an extremely strong painkiller on an "as required" (sometimes known as PRN) basis. Staff had transcribed this onto their MAR without setting out that it was PRN, meaning that the person was being administered the medication whether it was required or not.

Where people had been prescribed medication on an "as required" basis, there was no information in their files setting out what the medication was needed for, what symptoms staff should look out for in order to assess whether the medication should be administered, and what the outcome should be. This meant that people were at risk of their health not being appropriately managed as their use of "as required" medication was not being closely monitored.

In all of the MARs we looked at there were gaps where staff should have signed to confirm they had administered the medication, and daily notes in two people's files showed that staff were applying topical medication which was not recorded on a MAR chart. This meant it was unclear whether people had received their medication as required.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we spoke with told us they felt safe when receiving care. One said: "I have no worries in that regard." Another person told us: "There's nothing to worry about there, the girls [care workers] know what they are doing and I trust them."

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 nine people's care plans, of which eight contained assessments to identify and monitor any specific areas where people were more at risk, such as how to support complex needs. Risk assessments we checked had been regularly reviewed to ensure they were relevant.

An environmental risk assessment had been completed for each house that staff visited to carry out care duties or provide support to people. These were carried out before care commenced, and were regularly updated. 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. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately, and a copy of this procedure was stored in the provider's office.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being delivered in a stand alone training session. Staff we spoke with demonstrated a good knowledge of safeguarding procedures and most told us they would be confident to raise issues.

We checked five staff files to look at whether staff were recruited safely and found, on the whole, appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's ID and checks of their right to work in the UK. The files we checked showed staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found in two of the five files we looked at not all the required checks had been undertaken; one file did not contain information about why the staff member had left previous care roles, and another did not contain suitable references.

Requires Improvement

Is the service effective?

Our findings

At the inspection of January 2018 we rated the service "good" for this domain. However, at this inspection we found that it had deteriorated to "requires improvement."

People using the service told us that care staff carried out all the tasks they were required to do. They told us they believed that staff had the skills, knowledge and experience required to ensure they provided care and support which met their needs.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all staff completed before delivering care, included moving and handling, the protection of vulnerable adults, health and safety, and food hygiene amongst other, relevant training. Most staff had completed a nationally recognised qualification in care.

Staff we spoke with told us they felt the training they received assisted them in undertaking their roles. Two of the staff we spoke with had not worked in care before joining the service. They told us that through a programme of induction and shadowing they felt equipped to carry out their roles when they began to provide care.

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. Care records showed that people's capacity to make decisions had not been recorded within the assessment and care planning process. In seven of the nine files we checked we found that people had given consent to their care, however, in two of the files people's relatives had "consented" on their behalf. As there were no assessments of capacity it was not possible to tell whether these people lacked capacity, however, if they did then the provider should have undertaken a best interest decision making process rather than asking for relatives to give consent, which is not lawful. One person's file showed that they had a relative who had lasting power of attorney in relation to their finances. However, this relative had given consent in relation to care and welfare decisions, which they did not have lasting power of attorney for.

People's care plans showed that staff frequently liaised with external healthcare professionals, such as GPs and district nurses, to enable people to experience better health. One external healthcare professional said: "staff…have gone beyond the call of duty working in partnership with us on a complex case."

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. However, where people's care records showed that they were at risk of malnutrition or dehydration staff were not recording in detail what meals and drinks had been provided. For example, one person's file showed they were at risk of malnutrition and staff were required to

record what meals they had offered and what the person had eaten. For the month we checked, staff had only recorded five meals out of a possible 90. This meant that the person's risk of malnutrition was not being appropriately monitored.

Requires Improvement

Is the service caring?

Our findings

At the inspection of January 2018 we rated the service "good" for this domain. However, at this inspection we found that it had deteriorated to "requires improvement."

People using the service told us they found staff to have a caring manner, although two commented that staff seemed rushed. One said: "They do their best but they are ever so busy." Another said: "They are all lovely girls, couldn't do without them."

We asked staff about their experience of providing care. Most told us that their schedules meant that they had time to undertake the full care appointment with each person and had time to travel between each care call. One staff member said: "Yes this always works fine, I don't have to rush between calls" However, another said: "[The] office really don't know what they are doing, [the] company provides inadequate travel time between jobs leaving care staff no option but to shorten visits for vulnerable clients who really need help or just want someone to talk to." Care records we checked confirmed this, with care calls often not lasting the duration that people were assessed as requiring.

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of it in people's daily notes describing the care and support provided at each appointment. These were completed mostly to a good level of detail and showed that care was being delivered in accordance with each person's assessed needs.. 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. For example, one person's care plan showed that visits should be 30 minutes in duration, but records showed they were often lasted 15 minutes. Another person's records showed that their visits should again last 30 minutes, but their daily notes showed that their visits often lasted 15 to 20 minutes.

We looked at the feedback the provider had sought from people using the service, and found this was predominantly positive. One person described the care team as "a godsend." Another person said: "They do their duties in a professional manner, they are helpful, understanding, compassionate and nothing is too much trouble for them." We saw that there were some negative comments about the attitude of office staff when people had to contact the office, and additionally there were some negative comments about the number of different care workers people saw. We looked at the records of one of the people who had raised this concern and saw that in the course of a month they received care from 11 different care workers. Another person's file showed that they also wished to have consistency of care staff but had received care from 20 different care workers in a 24 day period.

We checked four care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought, in particular at the point of assessing their needs before they started to receive care, and again at frequent review meetings. People's care plans also contained information about their cultural backgrounds

although none of the records we checked required staff to meet any specific cultural needs.

Good

Is the service responsive?

Our findings

At the inspection of January 2018 we rated the service "good" for this domain. At this inspection we found it remained good.

People told us they felt involved in making decisions about their care, although two out of the five we spoke with told us they didn't feel like they had a choice about the times of their care visits. This was also supported by some of the responses we saw to the provider's own surveys of people using the service. One person said: "[the care visit is] supposed to be at 6pm but carer did not turn up until 8.24pm."

There was a system in place for formally reviewing people's care. This took the form of a meeting with the care coordinator or manager on a six monthly basis, and each meeting recorded the person's views and any changes that they wished to have incorporated. We looked at records from a sample of reviews and saw that people's views and preferences had been taken into consideration during each review, although two of the people we spoke with told us that they did not feel these wishes were taken seriously by the provider.

We checked nine care files, and saw they contained information about all aspects of the person's needs and preferences. This included 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 each person's care plan about their life histories, hobbies, families and employment history, to help staff better understand the person they were supporting. Staff we spoke with told us they always had time to read people's care records and they felt that the records gave them a good understanding of the people they were supporting. One of the staff we spoke with told us they had provided support that day to a person they had not met before. They talked us through how they undertook the visit, although they did not make reference to reading the person's care plan.

We looked at a print out of the call scheduling system used by the provider. This enabled office staff to schedule care calls onto each staff member's mobile phone. We saw that there was the ability to add messages about people's specific needs or preferences to the system so that staff knew how people wished to be cared for.

Records we checked showed that staff completed a daily log of each care visit they made to people. This included a report on the care tasks they had undertaken, as well as any changes in the person's condition, or any concerns or issues that arose. Staff completed these records mostly to a good level of detail, so that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with their assessed needs. The registered manager told us that care co-ordinators checked these records regularly, and we saw documented evidence of this.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. We looked at a sample of complaints the provider had received. In each

case we saw that a thorough investigation had been undertaken and complainants received a written response setting out, where appropriate, any changes the provider would be making in response to the complaint.

In addition to the formal complaint system, the provider had a process in place where people had made negative comments or raised concerns when completing the provider's surveys. This involved a care co-ordinator or manager contacting the person concerned to discuss the issues they had raised. We saw that managers then made follow up calls to check whether the issues had been addressed to the person's satisfaction. This meant that there were systems in place for the provider to receive, and act on, concerns and complaints in order to improve the quality of care.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of January 2018 we rated the service "good" for this domain. However, at this inspection we found that it had deteriorated to "requires improvement."

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 care co-ordinators and team leaders based within the office.

We asked people using the service whether they could contact the manager if they needed to. They told us they weren't sure, although said they would ring the office and ask to speak to a manger of they felt they needed to.

There was 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 staff were able to discuss performance issues, training needs and any concerns on a regular basis with line managers, although team meeting records showed that team meetings did not take place with any regularity. We asked three staff members about this and they told us they found communication within the service to be good, with one saying: "I used to work for a different care company, and communication there wasn't good. Here we always know what's going on [my line manager] is fantastic and I can always get hold of [them] whenever I need anything. The communication is really good." However, another staff member told us they felt they had experienced bullying from a manager. They told us they did not want us to raise this with the provider as they did not want the provider to know they had spoken with us.

In addition to the above communication methods, we saw that there was a system of staff spot checks. This involved managers carrying out unannounced checks of staff undertaking their duties. These checks involved managers checking whether the care call was on time, whether staff were properly attired and using personal protective equipment (PPE) and whether the person's dignity and privacy was upheld. There was also an opportunity for people using the service to use these checks to give feedback to managers about the service they received.

There were a range of audits which looked at areas such care records, medication records, personnel files and complaints. However, we found that these audits were not always effective. For example, one set of medication records we checked had been audited with the auditor recording "good log of medication" without recognising that the records were inaccurate and incomplete. Another audit had recorded "a very good documentation" despite the records being audited containing errors and omissions. One person's care records we checked had been audited with no actions identified however the records showed that the person was not receiving care visits at the required duration; the audit had not picked this up. This meant that the audit system was not robust enough to identify shortfalls in service provision. If more robust checks of records were completed, the issues we identified of care calls falling short in duration and medication not being managed effectively may have been identified and addressed.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The polices we checked reflected current legislation and best practice. These were available in the office, and policy issues were discussed, where appropriate, in team meetings and supervisions.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. We found that all the appropriate notifications had been submitted to CQC, and the registered manager kept clear records of these. We also saw that the provider was displaying their most recent CQC rating on their website, as well as on the premises, as required.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective arrangements in place to ensure that people received their medication as required. Regulation 12.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring and assessing the quality of service provided was not effective. Regulation 17