

NHES Care Limited

NHES Care

Inspection report

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Date of inspection visit:
13 November 2018
18 December 2018

Date of publication:
23 January 2019

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

What life is like for people using this service:

NHES Care is a new agency that was delivering high quality support to a small number of people. All the feedback was unanimously positive about the service people received. People felt valued and told us that their care met both their needs and expectations.

There were good systems in place to keep people safe. Risks had been assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Sufficient staff were employed to meet the needs of the people in receipt of support. Staff arrived on time and no calls were missed. People praised the flexibility of the agency and responsiveness to their changing needs and choices.

The management team took appropriate steps to ensure staff were suitably vetted prior to appointment. Specialist and mandatory training was ongoing to ensure staff had the skills and experience to support people effectively.

Each person was assessed prior to the commencement of care, from which a comprehensive plan of care was devised. This enabled staff to deliver support safely and in accordance with people's needs and preferences.

The management team worked proactively with other healthcare professionals to ensure a holistic approach to care. There were systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

People were supported by a regular team of staff who knew them well. Staff were kind and compassionate in their approach and supported people to retain their independence and live full and meaningful lives.

The management team were proactive and committed to delivering high quality support and had a clear strategy for expanding the business, without compromising on quality.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection:

This is our first inspection of this service. NHES Care was first registered with us on 14 November 2017.

About the service:

NHES Care is a domiciliary care agency that was providing personal care to three people aged 65 and over at the time of the inspection.

Why we inspected:

This was a scheduled inspection based on our corporate plan to inspect all new locations within 12 months of their date of registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

NHES Care

Detailed findings

Background to this inspection

The 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 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the registered manager four days' notice of the inspection visit because the service is small and we needed to be sure that we could access records and speak with staff. Inspection site visit activity started on 13 November 2018 when we visited the agency's office and ended on 18 December 2018 when we concluded our telephone interviews with people using the service.

What we did:

We reviewed the information we held about the service. This included information gathered when the agency registered with us. We also used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location to see the registered manager and nominated individual, meet with staff; and to review care records and policies and procedures. We reviewed all three people's care records, and looked at the staff file for the one member of staff employed to assess their recruitment, training and supervision. Records relating to the management of the service and a sample of policies and procedures were also reviewed to help us make judgments about the running of the service.

After the inspection at the office we made telephone calls to three relatives. We also contacted other professionals who were involved with the agency. One of these professionals provided written feedback about the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People felt safe with the staff who supported them. One relative when talking about the care staff told us, "I have complete trust in them and feel very safe with them in the house."
- Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe.
- There were appropriate systems, processes and practices in place to safeguard people from abuse. The registered manager ensured any safeguarding concerns were appropriately reported to all relevant agencies without delay.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. For example, where people wished to continue to manage their own medicines, there were risk assessments in place to support this safely.
- Each person's care plan was linked to a comprehensive set of risk assessments. For example, where people were identified as being at risk of falls, there was clear guidance that staff followed to mitigate this risk.
- There were detailed and appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing levels

- People and their relatives spoke highly of the staff who supported them and told us they had never experienced a missed call or received care at the wrong time. One relative told us, "They are really flexible with us and have never missed a call."
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.
- The management team were committed to only accepting new care packages for people once they had the staff in place in support them.

Using medicines safely

- Relatives told us that staff supported people to take their medicines as prescribed.
- There were good systems in place to ensure medicines were managed safely and only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed Medication Administration Records (MAR charts) following the administration of records. MAR charts were regularly returned to the office and audited to ensure any discrepancies were identified

and rectified quickly.

Preventing and controlling infection

- There were appropriate systems in place to manage infection control. Staff completed regular training were clear about the systems in place to manage the risk of cross-infection. One staff member told us, "The agency ensures we have gloves and aprons available at each person's house and we carry additional stocks in our cars."
- Staff talked about the steps they took to ensure infection risks were managed.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, as people's health changed, their support was reviewed with them and other professionals to ensure care was delivered in a way that was safe for everyone involved.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment of people's needs was carried out prior to care being delivered. One relative told us, "They came and did a really detailed assessment of our care needs at the start."
- Each care plan contained the person's pre-admission assessment which included personalised information about their care needs, wishes and expectations.

Staff skills, knowledge and experience

- Staff had the skills and experience to meet people's needs effectively. One relative told us, "The staff are absolutely brilliant, I am so confident with mum being looked after by them." Another said, "The carers are so well trained and polite."
- Staff received ongoing mandatory and specialist training that provided them with the skills needed to deliver high quality support. One staff member told us about a specialist dementia course they had undertaken which had helped them understand how to effectively support a person living with this illness.
- New staff were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Staff were well supported by the management team who provided regular supervision and checks on their competency. One staff member informed us, "I feel very well supported in my role. I am able to speak freely to the managers and they really listen to me."

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Assessment information included details of people's dietary needs in consideration with health risks and cultural preferences to ensure support was appropriately tailored to the individual.

Staff providing consistent, effective, timely care

- People were supported by the same team of staff which ensured a consistent approach to the way their care was delivered. One relative told us, "It's always the same carer that goes in and so they have been able to develop a good relationship."
- Information about each care visit was recorded, including whether referrals to other professionals had been made. This ensured that everyone involved in supporting people had access to current and accurate information.

Supporting people to live healthier lives, access healthcare services and support

- People were proactively supported to maintain good health and care records demonstrated a holistic approach to support.
- The management team worked effectively with other healthcare professionals. One relative told us, "They deliver a really personal service and link so well with the other professionals involved in her care."

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were fully involved in all decisions about their care and staff understood the importance of gaining people's consent prior to delivering support.
- Care records highlighted that people's capacity had been considered and the steps taken to ensure care was provided in the least restrictive way.
- The management team knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff who treated them with kindness and compassion. A relative told us, "They go above and beyond..... I am so relaxed about the care she's getting and I know mum is happy too."
- Assessment records included information about people's religious and cultural wishes and staff observed these. For example, the management team ensured staff supporting a person with Muslim faith were aware and observed the practices of removing their shoes and not entering the family prayer room.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished.
- Care records reflected people's choices about how their support should be delivered. For example, we saw information documented what time people like to get up and go to bed and how they like hot drinks to be prepared.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy. Staff talked confidently about the steps they took to ensure people's dignity was upheld. For example, a staff member said, "I always make sure I close the door and curtains during personal care and only uncover the area of the body I am providing care to."
- Support was provided in a way that encouraged people to remain independent. One relative told us, "They promote her independence and if she has already done something for herself, then they use the time available to sit and talk to her which is lovely."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People received support that was personalised to their individual needs and choices. One relative told us, "We sometimes need to change the time of the calls and it is never a problem, they always ring us back and are responsive to whatever we ask."
- People were involved in the planning of their own care that was regularly reviewed with them.
- Each person had a comprehensive plan of care that outlined how support should be delivered. Staff confirmed this information was available to them and demonstrated that they understood people's needs and what was important to them.
- Support was responsive to people's changing needs. One relative told us, "When mum returned home from hospital, they noticed she had lost weight. They started leaving out extra food between visits to try and build her back up, I'm so impressed by how proactive they've been."

Improving care quality in response to complaints or concerns

- The management team actively sought and welcomed feedback as part of their ongoing commitment to continually develop.
- The culture of the agency was open and each person had been given a copy of the complaints policy including how to complain internally and externally.
- No complaints had been received and people confirmed they had never had cause to. Relatives expressed they would feel confident to raise any issues with staff or management, should it ever become necessary.

End of life care and support

- The management team were committed to advanced care planning and delivering high quality end of life care when needed.
- The registered manager and provider had worked alongside a local hospice in planning training for care staff working in the community.
- Staff understood the importance of their role in supporting people at the end of their lives to ensure a comfortable and dignified death.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they received their support from a well-managed agency.
- The management team promoted a commitment to high-quality care and operated an open and transparent culture that placed people at the heart of the service.
- Staff respected the management team and described NHES Care as a good service to work for. One staff member told us, "I would 110% recommend this agency."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibilities about reporting significant events to CQC and other outside agencies.
- Policies and procedures were accessible to staff so they knew who to contact if something went wrong or they had concerns.
- As the service was still small, the management team were still heavily hands on in the delivery of care. There were clear plans in place to monitor and audit the service as it grows.

Engaging and involving people using the service, the public and staff

- The management team had ongoing engagement with people and families and this was welcomed by all. One relative told us, "We have great liaison and they are so inclusive in the way they deal with issues."
- Satisfaction surveys provided a forum for stakeholders to anonymously share their views about the service. All viewed were very positive about the service delivered and included comments such as, "Your care has made a big difference to mum's well-being."
- Staff were well supported by the management team. One staff member said, "The best thing is how approachable and supportive they are. I feel like they care about me as well as the people we support."

Continuous learning and improving care

- As a new service, the management team were still growing the service. They had a clear plan for how this would be achieved without compromising on quality.
- A new electronic management system was ready to be implemented as a safeguard to the remote

monitoring of care delivery once the number of people supported increased.

Working in partnership with others

- The management team had developed effective working relationships with other professionals and agencies involved in people's care. A healthcare professional told us, "They are so professional in their approach. I find them very good."
- As well as working closely with local authority teams, clinical commissioning groups and local health care professionals as part of service delivery, they were also working with the local hospice on developing end of life care across the home care sector.