

Nubah Social Care Ltd

Nubah Social 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

About the service: Nubah Social Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to younger disabled adults and children. At the time of the inspection they were supporting 12 people in the London Boroughs of Newham, Redbridge and Hackney.

People's experience of using this service:

- Relatives spoke positively about staff supporting their family members and told us they were kind and compassionate and treated them with dignity and respect.
- Relatives were confident staff would keep their family members safe when they supported them out into the community.
- The provider promoted an open and honest culture and relatives were confident in the management team. They felt they were approachable, always available and would address any issues that arose.
- People had regular care workers who were knowledgeable about their roles and knew how people liked to be supported.
- Relatives felt the service was personalised and the provider listened to them, was flexible in meeting their needs and put them at the heart of the service. A health and social care professional felt the provider was responsive and kept them regularly updated.
- People were cared for by staff who were well supported and spoke positively about the organisation and how they felt valued and appreciated.

Rating at last inspection: This was the first inspection since the provider registered with the Care Quality Commission (CQC) in February 2018.

Why we inspected: This was a planned comprehensive inspection based on the registration date. We had been in contact with the provider since they registered to confirm if they were providing a service to people.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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 ●

Nubah Social 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 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of two adult social care inspectors.

Service and service type: Nubah Social Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to younger disabled adults and children. At the time of the inspection the service was supporting 12 people in the London Boroughs of Newham, Redbridge and Hackney. Not everyone using Nubah Social 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 the inspection only one person was receiving personal care. However, four people were being assessed by their local authorities for personal care to be added to their current package of care. People were also supported out in the local community.

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 provider 72 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 5 February and ended on 15 February 2019. We visited the office location on 5 February 2019 to see the registered manager, office staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we had received about the service since their registration.

We also contacted the local authority commissioning and contract monitoring teams. We used all this information to plan our inspection.

During the inspection:

- We reviewed four people's care plans
- Four staff recruitment files
- Staff training files
- Staff supervision records
- Audits and records related to the management of the service
- We looked at a variety of policies and procedures developed and implemented by the provider
- We spoke with 10 staff members. This included the registered manager, the director, a field care supervisor and seven care workers.

After the site visit, we spoke with five relatives as people were too young or unable to communicate with us over the telephone. We also contacted a health and social care professional who worked with people using the service for their views and feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that they felt safe using the service and when staff supported their children in the community. Comments included, "They can communicate well, help them and keep them safe to avoid any danger" and "The best thing about the service is that it is safe."
- The provider had safeguarding systems in place and staff we spoke with had a good understanding of their safeguarding responsibilities. One care worker said, "If I see something is a concern, I will always speak up and report it to the office."
- Staff received safeguarding training, including specific training for safeguarding children, which was scheduled to be refreshed annually. Staff also discussed safeguarding during monthly meetings. One care worker said, "We know we have to document everything and I'm very confident any concerns will be followed up."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and assessments had been completed with detailed guidance in place for care workers to follow. Areas of risk included behaviour that challenged the service, self-harm and moving and handling.
- The provider had liaised with relevant health and social care professionals and had behavioural support plans in place for people using the service.
- Staff we spoke with had a good understanding of how to support people and explained how they reduced the risk of avoidable harm. One care worker said, "We are aware of their needs and how their behaviour can change. We also work with their family and learn how we can help them to become less agitated." One relative said, "In the beginning, they managed any issues and were very helpful, we learned together and it is going really well."
- Internal and external environmental risk assessments had been completed to ensure people and staff worked in a safe environment.

Staffing and recruitment

- Relatives told us they had regular care workers and had no concerns with their time keeping. Comments included, "They have never been late" and "They come on time, no problems at all."
- At the time of the inspection, the provider had 17 active care workers to support people using the service. The provider told us that four people's support was escorting to school so timekeeping was important. Although electronic call monitoring (ECM) was not in place at the time of the inspection, regular monitoring checks were carried out.
- The provider monitored timekeeping by reviewing care worker timesheets and people's daily logs.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who

used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and proof of address, two references and documents confirming the right to work in the UK. One staff file did not have a record of a full employment history and the provider acknowledged they would ensure this was followed up in the interview assessment.

Using medicines safely

- At the time of the inspection the provider told us that they were not supporting people with their medicines and at present this responsibility was with people's relatives. However, policies were in place and care workers had access to medicines training and had their competency assessed during their induction.

Preventing and controlling infection

- Care workers received training in infection prevention and control and food hygiene during their induction. People's care plans included information related to cleaning and washing facilities and if food preparation was part of the care package.
- We saw shadowing records where infection control practices were discussed and the use of personal protective equipment (PPE), such as aprons and gloves, was checked when spot checks were carried out in people's homes.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any accidents and incidents. When incidents occurred they were reported to the office and discussed across the staff team to ensure lessons could be learned.
- One care worker told us how an incident they had reported to the office had been shared with other staff who supported that person, so everybody had been briefed and updated. They added, "They do follow everything up and make sure they keep us updated."

Is the service effective?

Our findings

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

Good: 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

- People's needs were assessed before the service began to provide care and support and was reviewed when people's needs changed.
- The provider supported staff to deliver care and support in line with best practice guidance. Where needed and identified at assessment the provider liaised with health care professionals and sourced guidance for staff to follow to ensure they could meet people's needs. We saw one person had specialist input from a psychologist and a psychotherapist to develop guidance for emotional and behavioural support. One care worker said, "Everything in the care plan is very detailed but we also got to watch and learn in the beginning, plus get the approval from the family that they are happy with us."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a programme of induction, training and shadowing before they started to work with them. Relatives were positive about their regular care workers. One relative said, "He knows how to manage my son/daughter, he is very helpful and the care is good."
- The induction and training programme was based around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Care workers had shadowing shifts with more experienced staff when they were introduced to people. One care worker said, "I had an introduction to get as much information as possible. Now I'm the regular care worker and I'm involved in shadowing new staff before I go on leave."
- Care workers spoke positively about the training they received. Comments included, "I've learnt so much with the training I've had that it has boosted my confidence" and "I also had training in autism awareness. It was really informative and has helped me to support my clients."
- Staff received regular supervision and told us they also had the opportunity to have informal discussions with the management team on a weekly basis when they visited the office. One care worker said, "They always ask for an update on the service, how it is going and if we have any concerns."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and we saw the provider worked closely with a range of health and social care professionals to ensure people received effective care and support. One relative said, "My child has a severe learning disability with complex needs. They worked very closely with the social worker to understand what was needed. They were very helpful."
- Care workers explained what they would do in emergency situations and knew to report any concerns to the office. This was also recorded in people's care plans. We saw care workers had raised concerns about one person's change in mood and behaviour, which had been followed up with the local authority. It had

resulted in increased support hours to keep them safe in the community.

- Care records included key contact details for health and social care professionals, such as people's GPs, social workers and occupational therapists.

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 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.

- Care plans were developed with people and their relatives. Due to the age of people that were supported, records had been signed by their parents to show their agreement to give consent to the care and support.
- The provider also had consent forms in place for relatives to agree to staff entering their property, calling emergency services and administering first aid.
- Care workers received training on the MCA and told us they worked closely with people and their families and encouraged them to make their own decisions. We saw principles of the MCA were also discussed at supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough, with nutritional risks and preferred foods highlighted in their care records, including any cultural needs.
- Care workers recorded the nutritional support they provided in people's daily logs.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Relatives spoke positively about the kind and caring nature of staff that supported them. Comments included, "Everybody that we have had has been great", "[Family member] really looks forward to them coming" and "My son/daughter is happy and smiles when she comes to pick them up. She is brilliant, passionate and trustworthy."
- People had regular care workers which helped to develop positive relationships. One relative said, "They have bonded so much, they matched up very well and were very compatible." A health and social care professional said, "In my opinion, when I visited, they were very good and had a good relationship with each other." One care worker said, "We have to understand people's behaviour and it is important to have a lot of patience, passion and are gentle with them, they need to feel comfortable with us." We saw notes in people's daily records where care workers commented on people's moods and how they responded if they felt they were upset or agitated.
- We saw one person had moved to this service because their care worker had changed jobs from their previous company. We spoke with the relatives who confirmed they were extremely happy with the care their family member received. They added, "[Family member] knows her better than anybody".

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

- Relatives confirmed they were involved in making decisions about their care and support and it was recorded in people's care records. One relative said, "At the assessment, they did listen and with the social worker, discussed what we wanted, what was important and what we needed."
- We saw the provider involved people and their relatives throughout the whole assessment and introduction process. One care worker said, "When I had a shadowing session, it was with all the family and they had to accept us and whether they felt comfortable with us supporting their child."
- The registered manager said, "We are always looking at the service and following it up very closely, working closely with the family."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff were respectful and listened to what people wanted to do. One relative said, "The carer, she always respects them, whatever they want to do or where they want to go."
- Care workers were aware of the importance of ensuring they respected people's privacy and maintained their dignity when providing them with care and support. Care workers confirmed their induction training covered areas of equality and diversity and privacy and dignity.
- The provider was aware about keeping people's personal information private and confidential. A privacy policy was in place and was given to people and their relatives when they started using the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained a profile of the person that identified how they should be supported. The provider collected important information about people's lives and interests during the initial assessment. Staff knew people's likes, dislikes and preferences and told us how people liked to be supported. We saw one person who was supported in the community liked travelling on public transport. We saw from samples of daily logs this was a regular part of their community support and the care worker had also taken them to the London Transport Museum.
- Relatives told us that the provider listened to them and tried to be as flexible as possible to accommodate their needs. One relative told us how they had listened to their request about the need for having a younger care worker to help manage their child's needs. Another relative said, "The best thing was, I was really happy they listened to what we were looking for, were flexible and worked around us as their needs would change. This was very important for us." A health and social care professional told us that they had spoken with a relative and they were happy that the provider was meeting their needs and had no concerns.
- The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. A field care supervisor told us they had carried out assessments with Bengali families in their own language which had helped to make them feel more comfortable. We saw information about people's religious and cultural needs was also included in people's care records so care workers were aware of what was important to them.
- The provider met the requirements for the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.
- Care workers were aware of people's communication needs and could explain in detail the different ways they communicated with people. We saw one care worker was able to communicate in sign language to support a person. Care plans included information to explain the best ways to communicate with people. One person was supported with the use of an electronic tablet and picture cards when they were in the community.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a copy was given to people when they started using the service. No formal complaints had been received and minor issues, including concerns raised by care workers, were recorded in a daily log.
- Relatives were confident if they raised any concerns they would be addressed. Comments included, "I've never had to make a complaint but I know I wouldn't have a problem contacting the office, the manager is always helpful" and "We are happy with how they manage everything and we have never had any concerns."
- We reviewed a sample of compliments that the provider had received from relatives and health and social care professionals. One relative commented in a feedback form, 'The carer is very good with my [family member]. She is hard working, kind and polite and very punctual. They do lots of things together and he/she

is always very happy.'

End of life care and support

- At the time of the inspection the registered manager told us that they were not supporting anybody receiving end of life care.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives spoke positively about how the service was managed and the management team were very approachable. Comments included, "It has worked out great and we are really pleased with the relationship we have and that they understand us" and "We are really confident in them and didn't think they were a new provider as they were so efficient and willing. I know that my [family member] is the centre of the service."
- Staff we spoke with praised the positive culture of the organisation and felt well supported in their roles. Comments included, "They are very caring and listen to our ideas. They care about us and the people they support. They appreciate the work we do" and "They have created a good working environment, it is very homely and we have a great sense of teamwork. I'm very happy and would recommend working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and director had a good understanding of their registration requirements regarding statutory notifications.
- The provider had key policies and procedures in place to help them meet health and social care regulations. Although they were detailed, we found some policies were not relevant and the director acknowledged they needed to be reviewed so they were personalised to their service.
- One relative said, "We are particularly pleased with [registered manager]. She is very calm and has helped us get the service right."
- Care workers were knowledgeable about their roles and told us they were regularly reminded about their responsibilities. One care worker said, "Communication is good, out of hours calls are always answered and they stress the importance of communicating with each other. The support is great."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's views about the level of care they received and whether any improvements could be made. Regular telephone monitoring calls were recorded to document any feedback received. One comment stated, 'I would like to thank all the staff that have helped support my [family member]. The management has been very patient and understanding from the start and have always been available to talk through any little issues we have. I cannot fault them.'
- The provider also sought the views from staff about their roles and the working environment, with positive feedback seen in survey records. One care worker said, "They always ask for our opinion, they are always available and provide the right feedback to help us where they can."

- Care workers told us they were involved with the service and had open discussions at team meetings. One care worker told us the provider gave them opportunities to progress and had agreed to support them with vocational qualifications.

Continuous learning and improving care

- The provider had systems in place to regularly monitor and assess the quality of service provision. Regular unannounced spot checks were completed to check the quality of the service. One relative said, "We are very happy with how everything is managed. We have regular contact with the office and they always check on us and that everything is going well."
- There was evidence seen of learning from incidents and a focus of ongoing training and improvement. People's daily records were detailed and were returned to the office to check on their quality. One care worker said, "They have told us how important it is to record everything and we bring the log books back for them to check we are doing what we need to do."
- There were regular management meetings which discussed the service and focused on areas of improvement. Monthly care worker meetings were well attended with information shared about the service, including discussions about safeguarding and care worker responsibilities.

Working in partnership with others

- The provider had created links with a local voluntary organisation to provide literacy and numeracy support for their care staff where English was not their first language. The registered manager said, "We have done this to ensure our staff are confident to call 999, 111, can report concerns to professionals and accurately record any incidents or events."
- We saw the provider worked in partnership with a range of health and social care professionals to support people's care needs. One health and social care professional told us that from the experience they had of working with the provider in the past few months, they always kept them updated with any changes and did not have any issues or concerns.