

NDH Care Ltd

NDH Care (LEICESTER)

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

NDH Care (LEICESTER) is a domiciliary care service. They provide personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 125 people were receiving personal care. The service was providing personal care to people in supported living.

People's experience of using this service and what we found

People received safe care and support. Staff were trained and aware of their responsibilities to protect people from abuse and avoidable harm. People's care needs and risks were assessed, managed and monitored. Care plans provided staff with guidance to follow to reduce risks.

People were safely supported with their medicines and their dietary needs were met. Staff supported people to live healthier lives and access healthcare services.

People were supported by staff who had undergone a robust recruitment process. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

There were sufficient staff to meet people's needs. People and relatives told us they had the same staff team support them. They spoke of the reliability of the service, and the kind and caring attitude of staff and management.

Systems were in place to ensure staff were trained in infection prevention and control procedures to prevent the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff worked well with external agencies and health and social care professionals, to meet people's ongoing care needs. The provider had an end of life policy and procedure in place and staff were trained in this area.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff promoted people's independence. People maintained meaningful relationships with family and friends, and were provided with social support where this was part of their package of care.

Complaints procedures were in place. People and relatives knew how to complain and were confident their

concerns would be acted on.

People's views about their care was sought through reviews and telephone surveys, which were analysed and used to make improvements. Satisfaction surveys were due to be sent to people, relatives, staff and external professionals and the results would be analysed and used to drive improvements.

The service was well managed. Effective systems and processes were in place to continually review, monitor and improve quality and safety. Systems were in place to ensure staff were supported, supervised and kept their training up to date. The service worked in partnership with outside agencies.

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

Rating at last inspection

This service was registered with us on 26 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

NDH Care (LEICESTER)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service is currently not supporting people living in supported living settings.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2022 and ended on 20 December 2022. We made calls to people and relative on 14, 15 and 20 December 2022. We visited the registered office on 14, 15 and 16 December

2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, and 13 relatives of people who were using the service. We also spoke with 20 members of staff including care workers, a field supervisor, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at multiple records including 9 people's care plans and 6 staff recruitment files. A variety of records relating to the management of the service, including quality assurance audits, training records, meeting minutes and key policies were reviewed. The registered manager also sent us supporting documents via email after the visit to the office.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. People and relatives we spoke with said they felt comfortable, safe with the staff and the care provided. One person said, "I am very safe, they are quite nice." A relative said, "I believe so, [name] would tell me if [they] wasn't safe. What I have seen, [name] is perfectly safe."
- Staff received training in safeguarding procedures and knew the signs of abuse, and how to report it. A staff member said, "I would reassure them they are not in trouble and that I need to tell my manager. I'd call the office or log the concern in the app (electronic care plan device), and complete the body map which office staff will pick up. I can report it to CQC (Care Quality Commission) or local authority if needed." Staff knew how to use the whistle-blowing procedure.
- The provider had safeguarding systems, policies and procedures in place. The registered manager was aware of their responsibility to liaise and report to the local authority and CQC if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and the home environment had been assessed, managed and monitored. Care plans provided clear guidance included the equipment used to promote people's safety. Staff understood how to manage and reduce risks to people.
- People told us staff worked in a safe way, and managed risks appropriately. One person said, "I have two carers so they can roll me and wash me all over. They always put the sides of the bed up before rolling me. I am fine." A relative told us staff were, "very gentle when using a hoist to move their family member."
- All staff had completed essential training for their role. Staff felt equipped to provide safe care and were aware of people's individual needs. A staff member said, "We've been trained to use all the equipment like, hoist, rotunda, slide sheets and commode. If someone needs a hoist then there's always 2 staff to do this."
- An electronic care planning and risk assessment system was in place. This was monitored and kept up to date. Staff told us they had access to all relevant information and documentation. Records showed staff followed the care plans and were not asked to perform any duties they were not trained to do so.

Staffing and recruitment

- People told us they were supported by regular, reliable staff. Comments received included, "I have the same [staff] mostly but I never have strangers coming" and, "I have the same ones almost every day but they are from five main carers. A new carer came with a senior to introduce me to [them]. [Staff] was young and nervous but I put [them] at ease. It is nice that they can send the same carers each time, it helps build up a bond and it is like having a friend come round."
- One person told us "[Name] comes between 6.30am in the morning and between 6-7pm at night so I am

quite happy with them. If [name] is going to be a bit late [they] ring me." An electronic system was used to plan, manage and monitor staff punctuality. This enabled the office staff to monitor and identify any potential delays so prompt action could be taken.

- Staff were recruited safely. Staff recruitment files contained relevant evidence. This included pre-employment checks such as proof of identity, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems and processes were in place to support people with their medicines. Staff completed medicines training and had their competency assessed regularly.

- Where people required support with medicines this had been assessed. One person said, "[Staff] stands here while I take them and will not go out of the room until I have." People's records identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

- Medicine administration records [MAR] we looked at were completed accurately, and were regularly checked to ensure any gaps or errors found were acted upon. Staff completed the electronic MAR system as required and any errors were picked up promptly.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection. This included regular Covid-19 testing for all staff.

- Staff had received training in infection control, and told us they had enough personal protective equipment [PPE] to work safely with people.

- A person said, "They are always in face masks and latex gloves and sometimes they wear an apron over their uniform." People and relatives all told us staff used PPE correctly and changed their gloves and aprons after each task, which promoted their safety.

Learning lessons when things go wrong

- Systems were in place to ensure all accidents, incidents and concerns reported had been followed up appropriately. The registered manager monitored the trends to identify any patterns so action could be taken to prevent reoccurrence. This included informing external organisations, such as the CQC and the local authority.

- Staff knew how to report incidents, accidents and concerns and were confident action would be taken. Any lessons learnt had been shared with staff individually and through meetings and via alerts on the electronic device, if changes were made to people's plan of care or risks.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and their relatives had been involved in the assessment process before any care commenced. A relative said, "Someone from the office visited and asked lots of questions, about their needs, risks, what [Name] could do for [themselves] and how [Name] wants staff to help [them]."
- The registered manager told us the supervisor would meet with people and their relative to identify their needs and individual preferences, and to make sure they could be met. The assessment was comprehensive and information gathered was used to develop the care plans. Staff told us they followed the care plan and provided regular feedback to the office staff to ensure that care plans remained accurate, and if changes were needed this would be acted on.
- Assessments of people's needs and care plans considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination.

Staff support: induction, training, skills and experience

- People and relatives were confident that staff were trained to support them. One person said, "[Staff] do the job they are supposed to do. I am quite happy with them." A relative said, "This one we have now definitely is well trained."
- Staff told us the induction training was comprehensive. A staff member said, "We've all completed the induction in the office, a lot of practical training and did about 6 or 7 shadow shifts with another carer. They checked how we were doing the care to make sure it was done the right way before I was signed off."
- Records showed all staff had completed essential training for their role and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Specialist training was provided by health professionals to meet people's specific health care needs.
- Staff told us they received regular support, supervision and continuous training to ensure their knowledge and skills were up to date. Regular supervisions enabled staff to discuss their work and development.

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

- People who required support with eating and drinking, their dietary needs had been assessed. Care plans provided staff information about people's dietary requirements, food and drink preferences and level of support to prepare and consume food and drink. If required, people's food and drink intake was recorded on the electronic system to monitor people had enough to eat and drink.
- Staff were trained and competent to prepare, cook meals and support people with eating and drinking. A staff member said, "I've had one-to-one support to learn how to make meals. [Registered manager] made

up the guidance around how to heat up microwave meals and what the symbols on the instructions means. This really helped me with my confidence to make meals the client likes."

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

- Staff supported people to live healthier lives and access healthcare services. One person said, "[Staff] is on the ball with everything. They saw I had bedsores so they talked to me and my [family member] and got in touch with the office. The office arranged for the district nurse to come in." A relative said, "[Staff] noticed [Name] had a urine infection because they spotted blood and told us about it. I rang 111 and got someone to come out to us. [Name] has had four lots of antibiotics."
- People's health and wellbeing was promoted. Staff worked in partnership with GP's, community and specialist nurses to ensure people's changing healthcare needs were met safely. Records showed referrals had been made for further assessment and advice sought when people's health was of concern.
- A community nurse told us the registered manager was responsive when there were concerns about a person's skin condition, and staff followed the instructions given to prevent further skin damage.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People told us staff sought their consent before they were supported. People's capacity to make decisions were considered, and appropriate assessments had been carried out when required.
- The service was working within the principles of the MCA. Staff had been trained in this area and understood the importance of seeking consent before providing care or support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives had developed good relationships with staff. One person said, "I don't know them by name but they are always incredibly helpful and courteous." A relative told us staff were respectful, kind and conversed with their family member in their preferred language and used culturally appropriate form of address when speaking with elders.
- We received comments about the communication, which at times was not easy because of language barriers. We shared this with the registered manager who assured us they would address this with the relevant staff and send reminders to all staff.
- People's equality and diversity was promoted. Care plans described how staff should address people by their preferred name or form of address, and treat them and their home with respect.
- Staff had received training on equality and diversity. Staff knew people well, showed awareness of people's diverse needs and what was important to them, such as family, faith and cultural needs.

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

- People and their relatives were involved in planning their care and regular reviews. A person said, "They always ask what I want and then do it for me." Records showed people's decisions, and any feedback received about the quality of care provided by staff, was documented.
- The registered manager and staff were as flexible as possible in meeting people's requests. People told us care was provided at times that best suited them. Staff shared examples of how they enabled people to make decisions about their care.
- Information about advocacy support was provided to people to ensure their wishes were known, and involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. A person said, "[Staff] helps me wash my hair every day and never tells me what to do." Another person said, "They are not just caring, they are gentle too." A relative said, "If my [Name] can do something the carer will wait until [Name] has done it. The carer does not rush [them], no matter how long it takes."
- People told us their privacy and dignity was respected. A relative said, "[Staff] do everything, shut the door and close the curtains, and they always put a towel over [Name] after they give [them] a wash to respect [their] dignity."
- A confidentiality policy was in place. Staff treated people's information confidentially. People's personal information was stored securely at the office location, and within a secure electronic care system.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning of their care, which was tailored to meet their needs, choices and preferences. Relatives comments included, "We have [Name] care plan here. Someone came to do an assessment, made notes then went away and typed it up. Both me and my [relative] have read it and has signed it." And, "I was involved with [their] care plan and it was all done very carefully."
- The assessment and care planning process ensured people's identified needs could be met. Care plans were person-centred and provided guidance for staff to follow which included their preferences, abilities, and how they wish to be supported. They were reflective of people's current needs and the protected characteristics to enable staff to provide person-centred care. Daily notes showed staff had followed the care plans and met people's needs.
- People and relatives told us staff understood their needs well and had good relationships with them. A relative said, "They always greet [name], and [they are] happy to see them. They know [their] routine but they always ask what [they] would like help with first."
- Staff were trained to provide person-centred care. Staff got to know how people liked to be supported. A staff member said, "I look after the same clients, so I've got to know them well, how they like things done, like combing their hair into a plait or put up in a bun."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and their care plans described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively. A staff member said, "I've used picture cards or used images on my phone to show people to help them make decisions. A [person] has a white board to communicate using prompts consent for tasks."
- One person said they spoke in their preferred language, which was not English, and staff understood them and respond appropriately. The registered manager told us staff spoke a number of languages and where possible, were matched with people so they could communicate effectively.
- The registered manager was aware of the accessible information standard and the requirement to provide information in other formats if and when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain meaningful relationships with family and friends. Where people had social support as part of their package of care, staff supported them to go to the shops or for short walks, and to stay active and healthy.
- Staff had good insight about people's lifestyles, cultural needs and interests and these were included in the care plans. For example, staff supported a person to go to a place of worship and community centres preventing social isolation.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to manage complaints effectively, and ensure actions were taken for improvement. Records showed all complaints were fully investigated in line with the complaints policy. The registered manager kept oversight of complaints to identify any trends and patterns to continually review and improve the service.
- People and relatives knew how to make a complaint. One person told us, "I would complain if I had to, I am quite confident." Another person said, "I had to complain about a carer who rushed me, and they have not been back since." Relatives were confident the registered manager would act on concerns appropriately.

End of life care and support

- At the time of this inspection, the service was supporting people on end of life. Care plans guided staff to provide dignified care, maintain personal hygiene and remain comfortable.
- End of life care plans were in place. We discussed with the registered manager how information about people's wishes and the role of family members were not always documented. They assured us this would be addressed. Following the inspection visit, the registered manager sent evidence to confirm action had been taken. They also improved their process to ensure people and their relatives had opportunities to discuss end of life wishes.
- Staff had received training in this area and were confident to support people and work with the relevant individual and palliative health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive and open culture. Staff were enthusiastic about their roles and committed to providing good care to the people they were supporting. A staff member, "I love my job because I'm trained to help people live at home safely for longer."
- People were happy with the care they received. A person told us, "I am amazed they provide a very good service and I am glad to be able to say I would recommend them." A relative said, "Certain individuals I could praise more than others but they are all good. Individuals do make a difference."
- People were encouraged and supported to remain as independent as possible. For example, where people were able to manage their medicines, personal hygiene or to prepare drinks, this was supported and planned into their care.
- Staff felt supported, valued and appreciated by the registered manager. Staff were provided with bespoke training when required, to improve their skills, understanding and confidence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. When incidents occurred or mistakes were made, they were open and honest, and took any necessary action.
- The registered manager understood their legal responsibilities and had notified CQC about significant events which they are required to tell us. This helps us to monitor the service.

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

- People and relatives had good relationships with their care staff and knew they could speak with the office staff. However, most did not know who the registered manager was. We discussed this with the registered manager and the provider. They assured us everyone would be contacted by the registered manager and sent information about the management team.
- The registered manager provided good leadership. Staff understood their responsibilities and felt supported by management team and on-call team, when advice or assistance was needed in an emergency. A staff member said, "It's definitely a good place to work, office staff are very organised, we get good training and we have very nice clients."
- The registered manager demonstrated good knowledge of regulatory requirements and was transparent throughout the inspection.

- There were effective oversight systems and processes in place to continually assess and monitor the quality of service. This included regular checks on the delivery of care provided, review of people's care and records and monitoring staff punctuality. Incidents, accidents and complaints were analysed to identify any trends so action could be taken.
- The provider's policies and procedures reflected current legislation and national best practice guidance. The business continuity plan was kept up to date to ensure the service delivery would not be interrupted by unforeseen events.

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

- People and relatives were asked for feedback on their care through review meeting and telephone feedback calls. One person said, "We have told the office to give feedback to our [care staff] that we are so happy with them." Most people and relatives had not been asked for feedback through surveys. The registered manager told us surveys would be sent to people, their relatives, staff and professionals in January 2023. The results would be analysed, and shared with everyone including improvements planned.
- Staff were supported, received regular supervisions and had their competencies checked in different areas including, moving and handling and infection control practices. Staff were kept up to date through meetings and communication.
- Staff were committed to caring for people and had regular contact with the management team. A staff member said, "We get updates and discuss different policies and procedures. For example we've discussed the whistle-blowing policy, which we can use if the [registered] manager doesn't do anything."

Continuous learning and improving care

- The registered manager and provider were responsive to the feedback throughout the inspection and provided evidence of actions taken.
- The registered manager was supported by the provider and kept their knowledge up to date. They attended conferences and local registered manager forums. Information and learning was shared with the staff team.
- The provider had invested in the service and the staff. The staff team had increased and staffing had been strengthened in all departments. Staff told us the provider had supported them to purchase e-bikes. This meant staff were not reliant on walking or using public transport. Staff were valued and their contribution was recognised through 'Employee of the Month'.

Working in partnership with others

- The service worked in partnership with health care professionals and external agencies including the local authority. We saw action plans were in place, to continually monitor the service and make improvements as required.
- Professionals told us the management team were responsive and worked together to improve people's safety and quality of life.