

Nissi Business Solutions Ltd

# Nissi Care Solutions

## Inspection report

Nexus Business Centre  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Nissi Care Solutions is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, younger adults, people with a learning disability, people living with dementia and a physical disability and people with sensory impairment. At the time of our inspection there were 53 people using the service.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

People's visits had been scheduled with minimal travel time for staff. This meant staff were at risk of running late or having to leave slightly earlier. People's feedback about timings and duration of visits was mixed but most felt this was an area that could be improved. Quality monitoring systems were in place to identify any areas for development; however, they had not captured people's feedback about visits and duration of visits.

People were protected from the risks of abuse as staff understood their responsibilities to report any concerns. Risks to people's safety had been assessed and updates carried out when needed. Safe recruitment checks were being carried out prior to staff starting work.

#### Right Care:

People were supported to take their medicines safely. People's needs with regards to medicines were recorded in their care records. People's communication needs were recorded, and guidance given on how to communicate effectively with people. Systems were in place to make sure staff followed good infection, prevention and control guidelines.

#### Right Culture:

Staff told us there was an open culture at the service, they felt able to voice their views about any issues or concerns. The provider met regularly with staff to discuss good practice and changes to people's needs. People's preferences about how they wanted their care delivered were recorded in their records. Senior staff monitored care notes to make sure staff were following the care planning.

The registered manager was open and transparent during the inspection. They responded to feedback and were keen to improve the service where needed. Staff worked with healthcare professionals to make sure people's health needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 15 November 2017).

#### Why we inspected

This focused inspection was prompted by a review of the information we held about this service. We have reviewed safe and well-led at this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nissi Care Solutions on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Nissi Care Solutions

## 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.

#### 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and 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 February 2023 and ended on 21 February 2023. We visited the location's office on 16 February 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 5 people and 11 relatives about their experiences of care received. We also spoke with 7 members of staff and the registered manager. We reviewed care records for 5 people, 4 staff recruitment files, incidents and accidents, risk management, quality monitoring records, staffing schedules and team meeting minutes.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People and relatives shared mixed feedback about timings of visits. This meant some days they were not sure when their care worker would arrive. People told us the office did not always phone people to keep them up to date when their care worker was running late.
- Comments from people and relatives included, "The timings are quite erratic. Sometimes they'll ring [relative], sometimes they [staff] won't", "There is a 2 hour time slot and no guarantees what time they [staff] are coming" and, "There is no rotas so the timings are a bit up in the air. Sometimes they [staff] will phone, sometimes not. I've got new staff coming all the time."
- We found staffing schedules had little or no travel time included. The registered manager told us this was because staff were working in set areas so had visits to people living close together. However, having no travel time allocated meant staff were either leaving a visit a few minutes early or arriving slightly late.
- Staffing had been a challenge for the service which meant the provider had been careful what packages of care to accept. However, there had been success with overseas recruitment which meant there were more staff being trained and prepared to work at the service. The registered manager told us they were reviewing visit scheduling as more staff were available.
- People and relatives told us some staff did not stay for the full amount of time allocated to them. Comments included, "Sometimes they [staff] don't stay as long as the half hour. They put me to bed, put the stuff away and that's it" and "Some carers are fantastic, but others come in, go through the tick list and can't wait to get out."
- We found in people's visit records staff had not always stayed the required amount of time. The registered manager said some people liked staff to stay for a chat which they did. However, some people did not want the staff to stay if their work was finished, so staff would leave slightly early. The registered manager told us nobody had raised any concerns with the service, but she would carry out quality monitoring with people to check on this area.
- Staff had been recruited safely. The required checks had been carried out including a check with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. Comments included, "I feel safe with the staff because they are good, kind and attentive" and, "They [staff] have been excellent. They always turn up and are gentle and kind. They [staff] have a bit of banter and in fact it's the highlight of my [relative's] day."
- Systems were in place to protect people from the risk of abuse. Staff had safeguarding training and

understood how to report any concerns. Staff were confident the office staff would deal with any concern appropriately.

#### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and there was guidance in place to minimise risks. These were updated when needed by senior members of staff.
- Staff had assessed risks such as people's moving and handling needs, skin integrity and any hazards and environmental risks when working in people's homes. Staff we spoke with knew about risks to people's safety and told us they had the information they needed to keep people safe.

#### Using medicines safely

- Medicines were managed safely. Staff received training on how to administer medicines and had assessments of their competence.
- People had guidance on what medicines support they needed which staff accessed on their electronic devices.
- Some staff had recorded a wrong entry on the medicines administration record when people had declined their medicine. Instead of recording the person had declined, staff had recorded the medicine was not available.
- The registered manager was aware of this shortfall and taking steps to make improvements. Newer staff had been struggling with the electronic recording system so additional support was being provided to overcome this.

#### Preventing and controlling infection

- Systems were in place to make sure staff had the personal protective equipment (PPE) they needed. Staff told us they had plenty of stock and this included a full range of PPE such as face visors, gloves, aprons and shoe protectors.
- People and relatives told us staff were always wearing their PPE when needed. One person said, "They [staff] put on all the gear every time."
- Staff had training in infection prevention and control and felt confident about how to work in ways that helped to prevent the spread of infection

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager or deputy manager. Any learning identified was discussed with staff in supervisions or meetings. The registered manager told us they liked to use reflective learning with staff to identify how ways of working could be improved.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in place who was also the owner of the service. There was a clear staff structure in place, and everyone understood their roles and duties.
- People, relatives and staff told us the service was well managed though improvement was needed to call timings. Comments about the management included, "I am appreciative of the management, they have a heart for us to learn. They have an ear for us, they have told me to pick up the phone and call, I have done this many times, they give me the best assistance", "Communication from their head office is excellent – they keep me up to date" and "They are a fantastic company. They [staff] have been very supportive and I don't know where we'd be without them. They could improve by getting more staff, improving timings and consistency of carers."
- Quality monitoring systems were in place and the provider was aware of areas which needed review, for example, changes to visit schedules.
- The registered manager was open to feedback during the inspection. They had a good oversight of the service and shared with us their plans to carry out further quality work to check on people's experiences of care.

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

- People and relatives told us they were generally happy with the staff and the care provided. Comments included, "They [staff] are excellent, very capable and polite. Nothing is too much trouble and they are never in a rush. They don't drop me. They put me in my chair and wait until I'm comfortable", "They [staff] make me laugh and they treat me like a King" and, "I've been in the room when they [staff] are washing [relative] and they are respectful and tidy."
- Staff we spoke with told us they really enjoyed their work and wanted to provide good person-centred care. Comments from staff included, "I love it, I love working in the community. I love planning meals, making sure someone feels good" and, "I enjoy my job because I like to do the care, I like to interact with the clients, I feel like I am doing something for the community."
- The registered manager told us they were working hard to make sure staff had the skills and competence they needed. They recognised additional support was needed for new staff and had increased contact to help develop knowledge and skills.
- Staff spoke positively about the culture at the service. The service employed staff from various different countries who told us they felt welcomed and part of the team. One member of staff said, "I would

recommend Nissi, they are like a family. Everything is organised, Nissi are good, they are good for us, everyone is happy and looked after."

- The registered manager told us, "We have a staff team who are multi-national, we support this. We try to make them feel completely welcome by promoting different cultures. We have an equality policy in place which we go through with all staff. Dignity and respect apply to everyone, we respect everyone's faith."

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

- There was a duty of candour policy in place. The registered manager understood their responsibilities to be open and transparent when needed.

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

- People could give feedback about their care in a variety of ways. Senior staff carried out spot checks on staff which also included asking people if they were happy with their care. The service also did surveys which enabled people and relatives to share their views.

- Staff had regular team meetings. Minutes were kept which enabled staff who could not attend to keep up to date with changes. Staff told us there was good communication with the management, they felt they had all the information they needed to work safely. One member of staff told us, "We have team meetings, they ask us how we are, how are you doing. If staff raise concerns, they will add some training for us, there is always constant support, we are being taken care of. What we don't know they will teach us; it gives us confidence to do our job."

Working in partnership with others

- Staff worked with various healthcare professionals to make sure people's health needs were met. The registered manager told us they had contacts with various GP surgeries, community nursing teams, occupational therapists and social workers. They said they would not hesitate to contact a service when a person needed it.