

Nikee Healthcare Services Ltd

# Nikee Healthcare Services

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Nikee Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there were 2 people using the service. It provides a service to people living with dementia, with a learning disability or autistic spectrum disorder, mental health condition, physical disability, sensory impairment, older people, people who misuse drugs and alcohol, people with an eating disorder, and younger adults.

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 Care Quality Commission (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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

#### Right Support

People were happy with the care they received. The registered manager met with people and their relatives to review how care was received and made changes if required. Detailed assessments of a person's needs were completed before they started to receive care and support. Staff had the necessary training to carry out their roles. People's care plans contained the necessary information to provide person centred care. People received care from regular staff which meant they knew people well and knew what was important to them.

#### Right Care

We made a recommendation to the provider to review their practice to ensure they were following national guidance for the safe administration of medicines. There were appropriate processes for the recruitment of care workers. The provider had effective processes in place to safeguard people from the risk of harm.

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.

#### Right Culture

The quality assurance and governance processes in place needed to be strengthened as they had not addressed issues, we found with the care people received. We made a recommendation to the provider to review their practice to ensure they are following national guidelines. Following our inspection feedback, the registered manager booked training to update their practice and procedures. People, relatives, and staff were positive about the registered Manager.

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

This service was inspected but we had insufficient evidence to rate (published 13 November 2018) Following the inspection, the service was dormant till November 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

#### Recommendation

We made two recommendations to the provider to review their medicine practice and to ensure they were working within best practice guidelines for supporting people with a learning disability and autism.

#### 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Nikee Healthcare Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

1 inspector carried out the inspection.

#### Service and service type

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

#### 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

### What we did before the inspection

We reviewed the information we held about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 8 February 2022 to help plan the inspection and inform our judgements.

### During the inspection

Inspection activity started on 14 March and ended on 28 March 2023.

We looked at records of care and support for 2 people who used the service and records of recruitment, training, and supervision for 1 staff member. We looked at records relating to the management of the service such as policies and audits. We spoke with 1 family member and 1 person who used the service and two staff members.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# 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 had insufficient evidence to rate this key question. At this inspection, the rating is good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- People did not always have risks to their safety assessed and planned for. For example, there was no risk assessment in place for a specific health condition despite this being highlighted at the last inspection. We raised this with the registered manager, and they updated their care plan immediately.
- Improvements were needed to ensure medicines were administered safely. We found staff were not using the correct codes which were recorded within medicine administration record (MAR). Therefore, we could not always be assured MAR charts were correct and this placed people at risk of not receiving their medicines as prescribed. We raised this with the registered manager who updated their MAR chart.
- The registered manager was auditing MAR charts every month, but they had not identified that staff were not recoding information correctly with the MAR chart.

We recommend the provider review their practice to ensure they are following national guidance for the safe administration of medicines.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Staff were punctual and people received care from regular staff. People spoke about the importance of having care from a consistent team of staff.
- Staff were safely recruited. The provider carried out appropriate pre-employment checks, including obtaining proof of identity and the right to work in the UK. They also obtained a full work history and evidence of satisfactory conduct in previous employment.
- Staff were checked with the Disclosure and Barring Service (DBS) before they started work. 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

- There were effective systems in place to safeguard people from the risk of harm. The registered manager had clear policies which provided guidance on how to respond to allegations of abuse. Staff understood how to report safeguarding concerns.

Preventing and controlling infection

- The provider had safe procedures in place for managing infection control practices. The registered manager was providing staff with PPE (personal protective equipment) to help prevent the spread of healthcare related infections. Staff confirmed that they got regular supplies of PPE.
- Staff had received infection control training and their practice was monitored during spot checks.

Learning lessons when things go wrong.

- The provider had processes in place for the reporting of any accidents and incidents and the registered manager was aware of procedures to follow. There had been no records of incidents or accidents at this service since the service started operating so we were unable to see if the processes were effective.

# 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.

At our last inspection we had insufficient evidence to rate this key question. At this inspection, the rating is 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's needs were assessed prior to receiving support and their care plan was then drawn up. The assessment process discussed people's protected characteristics under the Equality Act (2010), such as religion and disability.

Staff support: induction, training, skills, and experience

- Staff had the necessary training to provide care and support, staff received three days induction and they had a period of shadowing a more experienced staff member.
- The provider undertook regular spot checks of staff to monitor practice and ensure they had the correct competency to deliver safe care.
- Staff had regular supervision and support and staff told us they felt it developed their skills and knowledge.

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

- People's needs and preferences around eating, and drinking were assessed and documented. There was detailed information regarding people's food choices. A relative told us, "They support [person] to eat and they know what they like."
- Staff maintained records of the support people received to eat and drink. Daily logs showed that people were supported with meals in line with their wishes.

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

- This service had limited involvement with health and social care professionals, however within people's care plans there was contact details for health professionals involved in people's care. The registered manager told us, they "Would work with healthcare professionals and they were currently supporting someone to review their package of care."
- As part of the initial assessment oral care was addressed. The assessment guided staff on how to meet people's oral care needs.

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.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had appropriate policies in place for supporting people who lacked capacity.
- We were unable to fully assess whether the provider was working within the principles of the MCA during this inspection, as we were only provided with information relating to the care of child under the age of 16, where the MCA does not apply.

# 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.

At our last inspection we had insufficient evidence to rate this key question. At this inspection, the rating is 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 were happy with the care they received. Staff and the registered manager knew people's day to day needs and they had developed good relationships with children and their family members. Comments included, "Staff is building up a wonderful relationship. We have no concerns at all."
- Staff have received equality and diversity training, and this was a regular agenda item, 1 person told us that they felt staff understood their cultural background which was very important to them.

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

- People were involved in decisions about their care. Staff demonstrated during their conversations with us a good understanding of both people's care needs and individual preferences.
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable, and empower people to speak up.

Respecting and promoting people's privacy, dignity, and independence

- Staff spoke about the importance of encouraging people to be independent. 1 relative spoke about how care staff had made a significant impact with their relative to ensure their privacy, dignity and independence was maintained.
- Staff told us they were committed to ensuring people's dignity and privacy was respected. 1 staff member told us, "I encourage [person] and I help as we go along, and I make it fun and I move at a pace that suits."

# Is the service responsive?

## Our findings

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

At our last inspection we had insufficient evidence to rate. At this inspection, the rating is good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. However, within people's care plan it had not been discussed. The registered manager told us they would update their care plan to include this area.

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

- People's care plans were person centred and had been developed in partnership with people or their relatives or other representatives where appropriate.
- The registered manager informed us that care staff were provided with information regarding the needs of people prior to their visits. This was confirmed by care staff we spoke with. People and their relatives stated that their regular care staff knew the needs of people and carried out tasks as agreed in their care plans. 1 staff member told us, "There was clear information within the work plan, and I have enough time to read it."
- Daily records were completed by staff at the end of each care visit. These recorded detailed the care that was provided and any observed changes to the person's care needs. The daily care records were written in a caring and respectful way and were signed by staff.

### 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.

- The service was meeting the AIS. People's communication needs were assessed and there was clear information on how to support people.
- We saw the provider had translated some information into picture assisted formats where required. Staff stated they were aware of people's individual communication needs and had built a good rapport with people they supported.

### Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any issues or concerns. At the time of the inspection the provider had not received any complaints. Relatives told us they were aware of the complaint's procedure. 1 person told us, "I know how to make a complaint if I needed to."

# 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 had insufficient evidence to rate this key question. At this inspection, the rating is requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The provider did not always have effective quality assurance systems in place to monitor service delivery as they had not identified the issues we found with medicines and assessing risk.
- The registered manager had not identified that end of life wishes needed to be recorded.
- The registered manager had the learning disability service user band, but they were not very familiar with Right Support, Right Care, Right Culture which provides a framework for the planning and delivery of care and support for adults with autism and learning disabilities. However, people received person centred care which was good and reflected their needs. Following our feedback, the registered manager booked training to update their working practice.

We recommend the provider review their practice to ensure they are following national guidelines.

- The registered manager and staff understood their roles and responsibilities. Staff spoke highly of the registered manager, and they felt very supported. Comments included, "She listens to us and she is a good person and she cares" and " She is assessable which is important."
- The registered manager was keeping up to date on issues relating to social care using the CQC website which helped improve their practice

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were happy with the care and support they received from the service. People's comments included, "I feel safe, and they are kind and cater exactly to my needs."
- The registered manager spoke about having an open-door policy and ensuring people and staff could approach. They said, " I want people to feel reassured that they can call me at any time. ". Relatives confirmed that the registered manager was available and supportive, and they felt they communicated well with them.
- People were encouraged to feedback about their experiences through a variety of processes including regular quality assurance calls and spot checks.

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 service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

- The registered manager understood her responsibilities around reporting to the CQC. They spoke about the importance of being, "Transparent with all tasks and if there is an error we use this as an opportunity to improve on the care that we provide."

Working in partnership with others

- The service was still in its first year and the provider was still establishing professional relationships with health and social care providers within the local area.