

Naid Care Limited

# Naidcare

## Inspection report

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20 June 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Naidcare is a domiciliary care service providing the regulated activity of personal care to people living in their own homes, flats, and specialist housing schemes. At the time of our inspection there were a total of 16 people using the service across Essex and Staffordshire. This included 2 people who were living in a 'supported living' setting, so that they can live as independently as possible.

### 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.

The provider demonstrated an understanding of 'Right support, right care, right culture.' Although very few people with a learning disability and autistic people were supported by the service, systems were in place to ensure their needs were met in a person-centred manner.

### Right Support:

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Staff focused on people's abilities and promoted what they could do.

Visits were organised, monitored, and delivered safely through effective use of an electronic call monitoring system.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that achieved the best possible health outcome.

### Right Care:

Staff were described as kind and caring. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care and support plans reflected their range of needs.

Staff received appropriate training, including specialist training on how to support autistic people and people with a learning disability.

### Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency and respect.

There had been improvements made at the service since the last inspection, and the registered manager was committed to continuous development and improvement to ensure lessons were learned.

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 and update

The last rating for this service was Requires Improvement [Published 1 October 2022]

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider's arrangements to investigate safeguarding concerns required improvement. At this inspection we found the provider had acted on our recommendations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-Led which contain those requirements.

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 changed from Requires Improvement to 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 Naidcare 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Naidcare

## 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

The inspection was completed by 1 inspector.

#### Service and service type

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

This service also provides care and support to 2 people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 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 19 March 2023 and ended on 20 June 2023. We visited the location's office on 19 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. 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 all this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included 5 people's support plans and Medication Administration Records [MAR] where appropriate. We looked at 1 staff file in relation to the provider's recruitment practices and procedures. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction, and supervision data. We also looked at the service's governance and quality assurance arrangements.

Following the inspection, we spoke with 3 people's relatives about their experience of the care provided. We spoke with 3 members of staff about what it was like to be employed by Naidcare.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection to the service in August 2022, suitable arrangements were not in place to ensure there were sufficient numbers of staff at all times to meet people's needs. The provider and registered manager did not ensure their recruitment practices and procedures were safe. This demonstrated a breach of Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of these regulations.

### Staffing and recruitment

- Relatives told us there were enough staff available to provide care and support as detailed within their family members support plan.
- People were primarily supported by the same staff to ensure continuity of care, and to enable a culture of trust and rapport to be established. One relative told us, "[Family member] for the majority of the time has the same care staff, sometimes you see a new face. However, [Family member] has a good relationship with staff and often they will share stories about each other's family's." Another relative stated, "[Family member] has 2 staff to provide support, they like the girls."
- The provider used an electronic system to plan staff allocations and to monitor missed and late calls. The data viewed showed there had been no missed or late calls and staff stayed for the allocated time as detailed within people's support plan. Relatives confirmed this was accurate and verified their family member had not experienced any missed or late calls.
- Suitable arrangements were in place to ensure staff employed had had the appropriate recruitment checks undertaken and were suitable to work with vulnerable people. These included processing applications, obtaining references, ensuring the applicant provided proof of their identity, conducting employment interviews, and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. 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

- Relatives told us they had no concerns about their family members safety or wellbeing when staff visited them. Comments included, "I have no concerns about [family member] safety" and, "We have no concerns. Staff are vigilant, the girls ensure the doors and windows are locked. The key is always returned to the key safe."
- Staff had received safeguarding training, and this was up to date. Staff now understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager and external agencies, such as the Local Authority, Care Quality Commission and/or police.

- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. Staff stated they were confident concerns escalated to the registered manager would be taken seriously and addressed.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to enable people to live in their own homes safely. These primarily related to people's moving and handling needs, environmental risks to ensure people's and staff's safety and medicines.
- Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

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.

We checked whether the service was working within the principles of the MCA

- The registered manager had considered people's capacity to consent as part of the initial assessment process.
- Staff knew how to support people to make choices and day-to-day decisions. For example, 2 members of staff spoken with were able to tell us how they supported 2 people to make informed choices and day-to-day decisions despite not being able to verbally communicate. Staff confirmed they used pictorial cards and objects of reference.

#### Using medicines safely

- The provider had suitable arrangements in place to administer people's medicines safely. People's care plans contained information about the level of support required to manage their medicines.
- Staff had received medicines training and since our last inspection to the service, the registered manager had completed competency assessments with staff to check their knowledge and skills.
- The registered manager completed regular medicine audits to ensure these were being managed appropriately.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were provided with appropriate infection, prevention and control training and supplied with suitable Personal Protective Equipment [PPE]. For example, face masks, aprons and gloves when providing care to people in their own homes.
- The registered manager told us if concerns were identified with infection control practices through their auditing arrangements, these would be addressed with individual staff through formal supervision and spot visit checks.

### Learning lessons when things go wrong

- The registered manager had a system in place to record and review any accidents and incidents which may take place. The registered manager told us any feedback or improvements needed were shared with staff using formal staff supervision and team meeting arrangements.

# 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 rated this key question Requires Improvement. The rating for this key question has changed to 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

- Relatives were overall very happy with the care and support provided and the staff delivering the care. Relatives told us their family member was treated with care and kindness by staff and were positive about the caring attitude of staff. Comments included, "Staff do not rush [family member] and when an accident occurred staff stayed with them until I arrived" and, "The care is very good, the girls are lovely."
- People received consistent support by the same staff, so they got to know them well and developed good relationships with them.
- Relatives advised their family member had a good rapport and relationship with the staff who they knew well.
- Relatives were complimentary about two members of staff, stating they often provided care and support that went above and beyond what was expected of them.

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

- People and those acting on their behalf were given the opportunity to provide feedback about the service through reviews and satisfaction surveys. Comments were positive about the care and support provided by the domiciliary care service.

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

- Relatives told us staff were respectful and provided support in a dignified way. One relative said, "They're very respectful and kind."
- People were supported to maintain as much independence as possible. Staff were provided with clear information about what people were able to do for themselves and what areas they required support with.
- People told us staff treated them with respect and dignity to maintain their personal appearance and ensure their self-esteem and sense of self-worth. Comments included, "Staff worked alongside me and maintained my dignity at all times" and, "I felt I was treated in a respectful manner, and I was very happy with everything."

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection to the service in August 2022, governance arrangements were not robust and effectively managed. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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

- The registered manager ensured the domiciliary care service was well-managed and demonstrated people using the service received positive outcomes.
- Processes were in place to monitor the quality and safety of the service. This information was used to help the registered manager to drive improvement, including the monitoring of potential trends and lessons learned. These included monthly management audits in key areas to review key areas, regular spot checks and competency assessments for staff.
- Relatives and staff were complimentary regarding how the domiciliary care service was managed. Relatives told us, "I have no concerns about the service, they're doing a good job" and, "Yes, we think Naidcare is run well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.
- The registered manager understood their regulatory responsibility to submit appropriate notifications to the Care Quality Commission when required.
- Staff were positive about working at the service and told us they were supported by the registered manager. Staff told us, "[Registered Manager] is very approachable, a good listener" and, "[Registered Manager] is very good, is there if you need them."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. Comments included, "We are very pleased with Naidcare, keep up the good

service", "Naidcare is good, and I am satisfied with them" and, "I'm satisfied with their [Naidcare] services. All the carers are good."

- Relatives told us communication with the domiciliary care service was good. One relative told us, "We know who the manager is and if we are unable to speak to them, we leave a message. Staff always get back to us." Information was shared with relatives about their family member's health and wellbeing needs.
- Staff meetings were held to give the provider, registered manager, and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Information available showed formal supervision and 'spot checks' were completed with staff to ensure they were following the provider's policies and procedures and providing appropriate care and support to people using the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.