

Nisacraftcare Limited

Nisacraftcare

Inspection report

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10 November 2021

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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

Nisacraft Care is a domiciliary care service providing personal care to people living in their own homes. They also provide an outreach service to support people to access community facilities and pursue hobbies. At the time of the inspection seven people were being supported by the service, four of which received personal care.

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 received positive feedback in relation to all aspects of the service. Staff demonstrated they understood how to keep people safe using a range of methods and strategies. Risks to people were assessed, identified, and managed appropriately. Relatives and professionals were confident that the service had robust procedures in place to maintain people's safety.

People received their medication from staff who were trained and competent. Regular audits ensured medication errors were quickly identified and rectified.

Staff followed effective (IPC) practices. Procedures were in place which promoted good infection prevention and control.

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.

People were treated with privacy and respect. Staff were conscious that all people were individuals and should be treated as such. People received care that was kind, caring and compassionate. Staff promoted people's independence and maintained their privacy as much as possible.

No complaints had been received. Effective communication enabled any feedback to be addressed avoiding it elevating to a complaint. Compliments were also recorded.

Although no one was receiving end of life care, staff and management had procedures in place to be able to support people with end of life care, including training and support from other professionals and a local hospice.

The registered manager and the management team understood their responsibilities in relation of their regulatory requirements. Staff and the management team embraced the same open, honest and

transparent culture. Following incidents, lessons learnt were identified and shared to help make improvements.

There were good monitoring processes in place and the management team demonstrated a good overall knowledge of the service. The monitoring of the service was effective in driving improvements. The provider worked well with others involved in people's care to help ensure good outcomes for them. Peoples quality of lives were enhanced because they received individualised person-centred care.

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 06/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Nisacraftcare

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes within a supported living environment. Supported living is a purpose-built or adapted single household accommodation. The accommodation is rented and is the occupant's own home. 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 service. The service also provides an outreach service to support people in the community with social activities and events.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the 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 2 November 2021 and ended on 16 November 2021. We visited the office on 10 November 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We reviewed information we had received about the service. We sought feedback from professionals and the local authority who work with the service. This information helps support our inspections. We used this information to help plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We received feedback from seven professionals who are familiar with the service. We received feedback from nine staff members. We spoke with the registered manager and the management team.

We reviewed a range of records. This included staff training records, people's care plans and risk assessments. We looked at a staff recruitment file, medicine records, quality assurance records and audits. We talked about the culture of the service and the overall management of the service.

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 for 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

- Staff demonstrated they knew how to identify and report any potential concerns about safeguarding people in their care. Staff were aware of how to elevate concerns externally if required. For example, one staff member told us "I would always contact one of the registered managers to report concerns. They then report to the local authority safeguarding team." One person's relative told us "I feel confident in the abilities of staff and they are aware of safety measures."
- A staff member told us the sort of changes that may identify possible abuse for example, "If I noticed any unexplained bruising or a change of the person's mood. I would raise a concern with the registered manager."
- People, relatives and professionals were all positive about how staff kept them safe. For example, being aware individual safety requirements.

Assessing risk, safety monitoring and management

- Risks to people were assessed and where risks were identified, measures were put in place to reduce or mitigate them. Risks were person centred and inclusive so considered all aspects of the persons everyday life.
- People were supported and encouraged to take risks in a safe way that enabled them to be unrestricted in their decision making. For example, choosing to participate in activities that were of interest to them.
- Risks were kept under regular review and if there were any changes these were documented to ensure staff had up to date information. For example, staff knew people well and were aware of potential triggers and were able to intervene to reduce the risk of harm to people.
- People were able to lead more fulfilling lives without being restricted. One relative told us the continuity of their staff team was important. It meant staff knew people well. A professional told us that the service had been most helpful in supporting people with complex needs.

Staffing and recruitment

- There was a robust process in place to help ensure staff were recruited safely. This included undertaking various pre-employment checks, this included taking up references from previous employers, and a disclosure and barring check (DBS).
- The registered manager also told us that matching staff to people they supported who had similar interests, and the necessary skills to support people in their care was important.
- Staff told us they were confident with the depth of the recruitment process. One staff member told us "The recruitment process was very detailed and took about 4 weeks to complete."
- Staff and relatives assured us there were enough staff to safely care for people. Some of the people that

used the service had 24-hour care or more than one care worker supporting them if required. There was a contingency of office-based staff to support front line workers if required.

Using medicines safely

- Staff demonstrated they were trained in the safe administration of medicines and had regular updates. Staff had regular observations to ensure they remained competent. The registered manager told us "We have a really good relationship with our local pharmacy. They support us with regular training and a full annual audit of medicines." They dispensed medicines in blister packs and completed medication administration records (MAR) charts.
- Staff were kept up to date with guidance for administering medicines in the community. Where possible staff supported people to participate to self-medicate with assistance. This gave people skills and confidence to be as independent as they could.

Preventing and controlling infection

- There were robust measures in place to reduce the risk and spread of infection. This helped ensure people were kept safe, including staff awareness and training in infection control.
- Staff had been trained in how to prevent infections and how to correctly wear and use personal protective equipment (PPE). One staff member told us, "We always wear their masks, gloves and aprons." Staff ensured they maintained good standards of hygiene including regular hand washing. They were provided with individual hand sanitizing gel.

Learning lessons when things go wrong

- The registered manager and staff were all signed up to improving the service in whatever way they could. They were open with each other when things went wrong and reflected on how they might improve things in the future. For example, the registered manager told us about an incident that had taken place and on reflection they could have dealt with the outcome differently. So, the learning from such events could help prevent recurrences.
- The registered manager told us about how open staff were in reporting incidents, such as, for medicines administration, and other incidents which had the potential to cause harm. A relative told us, "Staff were very good at identifying and reporting anything they felt could be resolved in a different way." Staff and management showed an open and receptive culture.

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 had an initial assessment of need completed prior to being accepted by the service. This was to ensure they had the right staff with the appropriate skills and abilities to support the person.
- A more comprehensive assessment of people's needs was ongoing, as staff learnt more about people's individual likes and dislikes. People and their relatives were fully involved in assessments and reviews.
- People's needs were then met by staff who understood how best to meet these. One relative told us "The staff are really engaging and good at communicating. They are also good at keeping relatives informed. They are flexible and make changes as required to help ensure the care and support remains effective."

Staff support: induction, training, skills and experience

- Staff were inducted to the service which included training in a range of topics. One staff member told us "I completed lots of training sessions which including safeguarding, infection control, administration of medicines and many more."
- Another staff member told us, "The training was very good and is ongoing, so you get regular updates. We are a small team so talk a lot when anything changes or there is new training available that might be relevant to our roles. This includes specialist training epilepsy and autism."
- Staff gave positive feedback in relation to the support of the registered managers. One staff member told us "There is always a manager available 24/7 if you need to speak to them. We have regular catch up and supervisions are being more structured". Staff also had observed practice sessions when a manager would visit or work alongside the staff member.

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

- People were able to choose what and when to eat and drink. If they required support staff were available to support them, while respecting their independence.
- Staff also supported people with choosing healthy eating options, shopping and meal preparation.
- If there were any concerns about people's eating, drinking or weight loss or gain this was referred to the GP for advice and management.

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

- The registered manager and staff told us how they had developed meaningful working relationships with many professionals and organisations. This helped ensure people received holistic care which was joined up and provided by a consistent team.
- A health care professional told us, "Nisacraft provide support to a number of our clients, mostly highly

complex individuals who require specialist support as their behaviours can be challenging. They manage all the different aspects very well and are always extremely helpful."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- Staff demonstrated a good overall knowledge of MCA and its five key principles. One staff member told us, "People make their own decisions. We respect that even if they are sometime unwise. We can advise them of any potential consequences but at the end of the day, it's their right to choose."

People were supported to make decisions that were in their best interest, for example, while being supported in the community or engaging with certain events or activities.

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 were treated as individuals. Their cultural, religious observations and diversity were all respected. Staff supported people to live a life they wanted, at home, and listened to peoples wishes.
- Staff spoke about people they supported, in a way that was kind, caring and compassionate.
- Staff knew the people they cared for well and made sure that they knew their likes and preferences. This meant that peoples individual lifestyles were respected and maintained by staff.
- Staff had plenty of time to support people at their own pace without them feeling rushed or anxious. Staff were good at recognising when people were showing signs of stress and were confident in diffusing situations.

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

- People and their relatives were involved in all aspects of their support. Staff involved people in their care and ensured they were listened to and their wishes acted upon.
- People's relatives and or other advocates were also involved in the ongoing care and support planning.
- Staff were very skilled at reading people's emotions using a range of methods such as through body language, emotions, a lack of engagement or people verbalising how they were feeling.
- Staff worked with people to help them make choices and decisions which helped ensure people's wishes choices were respected in a non-discriminatory way. An example of this was the staff's approach and respect for the rights of people in relation to equality and diversity, cultural and religious preferences and observations.

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity and respect and in a way which supported their independence and individuality.
- Staff were skilled at supporting people to become more independent by showing and assisting instead of doing for them. This led to less dependence on staff and a feeling of achievement for the people being supported.
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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 and their relatives were fully involved in development of their care plans from the beginning of the assessment and commencement of the care provision. The care plans gave clear information about how the person wished to be supported as an individual. The registered manager told us about the people they supported and how diverse their needs were, and the benefits of getting the support right.
- Some of the people were supported through the outreach service and this was to support people to maintain and develop what was of interest to the individual. This was positive in engaging people and stimulating person's mindsets in a 'can do' way.
- Peoples achievements were recognised no matter how small. To them it may have taken months of hard work and sheer determination but had a massive impact on the quality of their lives. For example helping people deal with their emotions, talking about topics that were of interest to them and recognising when they needed space and time when they didn't want to engage.
- People were introduced to new pastimes and activities to see if they enjoyed them and to introduce variety into people's lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff demonstrated they had a good understanding about each person's individual and preferred communication needs and how best to support them.
- One relative told us "The staff can tell me more about how [Relative] is doing as they spend so much time with them, getting to know them. They are always responsive, flexible and this is reassuring."
- A professional told us about how the staff and management strive to improve the quality of people's lives. Another professional told us about their commitment to support people successfully.

Improving care quality in response to complaints or concerns

- No formal complaints had been made this was largely due to many opportunities to give feedback through regular contact with the management team. Regular monitoring visits were carried out to check that people were happy with the quality of care they received. If things needed tweaking, then this was done. This meant things did not escalate to a complaint.
- People were very positive and complimentary about all aspects of the service and the management team

were in the process of developing a more formal compliments recording process to enable them to reflect on what they done well.

End of life care and support

- At the time of our inspection no one who used the service required end of life care. However, the registered manager told us that should anyone ever require end of life care they have the systems in place to work in partnership with professionals. This included hospices and other professionals to ensure the person continued to be cared for by people who were familiar and well known to them.

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

- People, relatives and professional all gave positive feedback about the culture, openness and transparency of the service. The registered manager told us about many things that they focused on to improve the quality of lives for people they cared for.
- This added an extra layer of protection to people and the service. This demonstrated an appetite for improvement and innovation.

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

- It was clear that the culture of the service was to be open, honest, and to be the best you can. There was a "no blame culture", so staff felt safe if they needed to report anything that had gone wrong.
- The management team were very hands on and regularly worked alongside staff. This gave them the opportunity to observe their practice, retain the values and culture of the service.

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

- The registered manager demonstrated they understood their regulatory responsibilities and when they needed to send in a notification to CQC, or to inform the local authority about incidents or concerns.
- People and staff were asked for feedback and quality monitoring audits completed regularly. This was to measure quality and ensure it remained consistent.
- The management team had a clear strategy for growing the team. They had purposely remained small so they could build from a sound foundation. They were determined that people would receive a good quality service that was sustainable for the future.

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

- People, and their relatives were involved in how their care and support was provided. They were able to choose from a small team of regular support workers with whom they had developed meaningful and trusted relationships.
- One relative told us, "I feel that [relative] and I have been involved in every aspect of the care they receive. The management team are visible and have a presence." A professional also told us that "They always get back to you. Communication is very good"

- A professional who has worked closely with the management team over a sustained period of time told us, "All of my clients have been very positive about how the service is managed."

Continuous learning and improving care

- Effective monitoring systems ensured quality was maintained. The management team told us "I know we are not perfect, but we put everything into making continual improvements."
- Staff told us that the systems in place were robust and things were kept under regular review. They felt valued by the management team. They had small incentives to recognise staff achievements or those who go above and beyond. The ethos of the service was that "a happy staff team, make happy customers".

Working in partnership with others

- The registered manager told us about the many working relationships that have been forged with a wide range of professionals' other organisations involved in people's care.
- The benefits of joined up working meant people could remain living safely and well at home and were cared for by people who knew them best.