

Nation Home Care Limited

Nation Home Care Limited

Inspection report

Unit 18, Second Floor Building A
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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

Nation Home Care Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to adults who have varied needs. These include older people, some of whom live with dementia and and/or sensory impairments. At the time of inspection there were two people using the service. The Care Quality Commission (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

People's relatives spoke highly of the care and support that people received from Nation Home Care Limited. They spoke positively about the service provided by the care agency and told us they felt it was managed well and would recommend it. People were treated with respect and dignity. They received personalised care that met their needs and preferences.

Systems were in place to protect people from abuse. These included safeguarding policies and appropriate training for staff. Personalised risk assessments helped to keep people safe and supported their independence. Suitable infection control practices were in place. These helped to prevent and control the spread of infections including COVID-19.

When people needed support with their medicines, this was provided by staff who received medicines training and had their competency to administer medicines assessed.

People were supported by regular care staff who had a good understanding of people's individual care needs and preferences. Staff arrived on time and stayed the agreed amount of time. Recruitment and selection policies and procedures helped to ensure that only suitable staff were employed to provide care and support to people using the service.

People's care plans provided the information and guidance staff needed to ensure people's individual needs were met in the way they wanted.

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.

Effective quality checks monitored the service provided to people and ensured that improvements were made when shortfalls were found.

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

Rating at last inspection and update

The service was registered with us on 03 October 2020 and this is the first inspection

Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

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 ●

Nation Home Care Limited

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 team consisted of one inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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 18 May 2022 and ended on 20 May 2022. We visited the location's office on 18 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. 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

During the visit to the office we met and spoke with the registered manager/director of Nation Home Care Limited. We reviewed a range of records which related to people's individual care and the running of the service. These records included two people's care records, four staff personnel records, medicine administration records and policies and procedures relating to the management and quality monitoring of the service.

The two people using the service were unable to speak with us, so we spoke with two of their relatives to obtain feedback about their experience of the service. We also spoke with one care coordinator and four care workers.

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

- There were systems and processes to safeguard people from the risk of abuse.
- The provider had a safeguarding policy in place. This outlined its responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager and care staff understood their responsibilities in safeguarding people at risk of harm. They knew to notify us and make a referral to the local safeguarding team when abuse was suspected.

Assessing risk, safety monitoring and management

- The provider had policies and systems in place to keep people and staff safe. People's relatives told us they felt people were safe when receiving care and support from staff.
- People had detailed personalised up to date risk assessments. These included risks associated with their personal safety, mobility, medical conditions, and home environment. Guidance was in place for staff to follow to manage identified risks, reduce the risk of harm, and to support people's independence.
- People's risk assessments were regularly reviewed and updated when people's needs changed. These changes were documented and communicated to staff to ensure they had up to date information about managing risks to people's safety.
- Staff were knowledgeable about the risks to people's health and safety and were familiar with the guidance they needed to follow to keep people safe.
- Emergency procedures were in place. Staff knew what to do in the event of an emergency. They knew when they needed to contact the provider, emergency services, NHS helpline and/or health professionals for advice.
- The provider operated a telephone based 'on call service', which was active during and outside of office hours. This enabled people, relatives and staff to contact management to seek advice and report any concerns they had about risks to people's safety.

Staffing and recruitment

- Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, Disclosure and Barring Services (DBS) checks were carried out before staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

- Staff told us their recruitment process had been robust and thorough and they had not started work until all the checks had been completed.
- The registered manager had systems in place to make sure that there were enough staff to meet people's needs and keep them safe. The registered manager had an electronic system in place for logging staff visits and regularly checked staff timekeeping. There had been no 'missed' care visits.
- People's relatives spoke highly about staff. They told us reliable regular staff provided people's care, who were punctual and kept to the agreed visit times.

Using medicines safely

- The provider's medicines policy detailed the support they were able to give people with their medicines and included procedures staff were required to follow in line with best practice guidance.
- Staff had received medicines training and their competency to administer medicines safely had been comprehensively assessed and reviewed. Observations of care staff administering medicines were carried out to ensure they remained competent to administer people's medicines safely.
- People's care plans included information about the level of support people needed in the management and administration of their medicines.
- Staff recorded the administration of people's medicines on medicines administration records. This helped to ensure there was an accurate record of when medicines had been administered.

Preventing and controlling infection

- There were appropriate systems in place to prevent and control infection.
- Staff had received training in infection prevention and control (IPC). This helped them to follow good hygiene practices when providing people with care and support.
- The provider ensured that staff were supplied with the personal protective equipment (PPE) they need to minimise the risk of infections spreading.
- During the COVID-19 pandemic the provider ensured and continues to ensure staff are kept informed of up to date government guidance and other relevant IPC guidance. This included putting on and taking off PPE safely. Spot checks in people's homes included senior staff checking whether staff were wearing PPE correctly and safely.
- Staff spoke of the importance of following good hygiene practices when providing people with care and support.

Learning lessons when things go wrong

- The provider had policies and procedures in place that helped ensure staff were effective and responsive when things go wrong. The registered manager spoke about the importance of learning lessons from incidents to minimise the risk of them happening again and to make improvements to the service.
- The registered manager informed us that there had not been any incidents or accidents. However, they knew that all incidents needed to be reported, investigated and reviewed looking for causes and trends to help reduce the risk of similar incidents and accidents happening again.

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's needs were assessed before their care visits commenced. The initial assessment involved meeting the person and gathering information from them and where applicable others involved in their care. This assessment was to ensure they had the right staff with the appropriate skills and abilities to support the person and meet their care needs. People's relatives confirmed they had been fully involved in the initial assessment and the reviews of people's needs.
- A personalised care and support plan was developed from the initial assessment and updated as staff got to know the person and when their needs changed. People's care plans were person centred and included very detailed personalised guidance for staff to follow to ensure people's individual needs and preferences were met by the care agency.
- People's care plans included details of their needs and choices, and showed their religious, cultural, dietary, sensory, and other specific needs had been considered by the service.

Staff support: induction, training, skills and experience

- New staff received an induction. This included shadowing more experienced staff as they assisted people with personal care and learning about the services provided by the care agency. Staff told us they had found their induction very helpful and that it had prepared them well for carrying out their role and responsibilities.
- The registered manager told us that she was in the process of implementing the Care Certificate as part of the staff induction. 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 care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke in positive way about the training they received. They told us it helped provide them with the information and guidance they needed to provide people with personalised, safe care. Records showed that staff had completed relevant training. Staff competency in a range of tasks including providing people with assistance with their meals and pressure ulcer prevention was assessed. This helped to ensure people were provided with consistent safe care.
- People's relatives told us that staff were competent and supported people in the way they wanted and needed.
- Staff told us they felt well supported by the registered manager, whom they could contact for advice and support at any time. Staff received ongoing support and supervision in their role. The registered manager regularly met with care staff to review their working performance and identify training and development needs.
- 'Spot check' observations of staff whilst they were carrying out their care visits helped to monitor their

competence in key areas, such as providing personal care, using PPE safely and medicines administration. Suitable systems ensured that when failings in the care provided to people were found; improvements were quickly made.

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

- People were supported to eat and drink enough to ensure their nutritional needs were met.
- The provider ensured specific dietary requirements were identified in people's care plans, so they were known to care staff. These included details of people's medical, cultural and/or religious dietary preferences.
- Staff were aware of the importance of supporting people's dietary choices, healthy eating, and promoting good hydration by encouraging and reminding people to have regular drinks. Staff had a good understanding of how some medical conditions including dementia can impact on people's dietary needs and preferences.
- Care staff told us they would ensure that any changes in people's eating and drinking needs would be reported to people's relatives and the registered manager.

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

- People received the care and support they needed. People's care plans showed people's health and welfare needs had been identified during the assessment process and been included in their care plans.
- Systems were in place to support people to access health care professionals where required. The registered manager provided us with examples of where she had communicated with people's GPs about changes in their needs.
- Care staff knew people very well. They told us they noticed when people's health and care needs changed, which they then reported to the registered manager who had been responsive in taking appropriate action.
- Detailed daily records of people's health and well-being were in place. Staff, people and their relatives/representatives worked together to ensure people received effective care and support.
- Staff knew that if they had concerns about a person's care or well-being, they would report it to the registered manager who then would engage with people's relatives, healthcare or social care professionals and others involved in their care

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

- People's care records showed clearly recorded mental capacity assessments were in place. These identified whether people had the capacity to make particular decisions, which included daily living decisions such as when they wanted to get up, choosing what to wear and to eat.
- People were supported to make choices and decisions about their lives. The day to day decisions that people were able to make were detailed in their care and support plans.
- Staff completed training to help them understand the principles of the MCA. They understood the

importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

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's relatives told us that staff were kind and treated people well. They commented, "They [care staff] are kind and respectful." There is consistency of care" and "It is going well. They are a very good company."
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. The provider's assessment processes considered people's protected characteristics as identified in The Equality Act 2010. This helped to ensure that people's individual needs were understood and reflected in the delivery of their care.
- Staff received equality and diversity training and had a good understanding of the importance of respecting people's differences. One care staff told us, "Everyone is different and should be treated in the same way regardless of background."
- The registered manager understood the importance of providing a consistent and reliable service. They arranged for regular staff to carry out people's care visits at the times they preferred. Staff spoke in a positive and caring way about the people they supported. One care staff told us, "I love talking to the clients and building a rapport."
- The registered manager ensured that when staff changes needed to be made, people and when applicable their relatives were informed and satisfied with the arrangements.

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

- People received the support they needed to express their views and be fully involved in decisions about their care. Relatives told us they participated fully in people's care.
- Care staff spoke about involving people in making choices, which included day to day decisions about what they wanted to wear, do, eat and drink.
- The registered manager maintained regular contact with people through telephone calls and visits. This gave people and where applicable their representative opportunities to discuss and provide feedback about the care people received. Records showed that people and relatives had opportunities to complete feedback questionnaires about their experience of the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- The registered manager worked with staff to ensure they knew how dignified care should be delivered. Staff knew the importance of addressing people by their preferred name and respecting people's cultural and/or religious needs and their individual preferences.
- People's care plans were personalised. They included detailed information about people's wishes to do with their care and clear guidance for staff to follow to ensure those needs were met.

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 received personalised care that met their needs and preferences.
- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. People's individual personal care needs, including details about their mouth care and other routines were very personalised. Step by step guidance for staff to follow helped ensure that staff delivered care in the way each person wanted and needed.
- People's care plans included a detailed summary about the person's life, which included information about their childhood, family and working life. This helped staff to know and understand the person more fully and helped them to provide good personalised care.
- Staff were knowledgeable about people's individual needs and preferences. They told us they had got to know about the care people needed by reading people's care plans, speaking with the registered manager, people and where applicable their relatives and/or representatives.
- Systems were in place to make sure staff were informed about any changes in people's needs. People's care plans had been reviewed with their involvement and when applicable, their relatives. This helped ensure that people received personalised effective care.

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 understood and supported by staff.
- One person received care and support from a member of staff who spoke the birth language of the person. The person's relative told us it supported not only the person's language needs but their well-being as well.
- The registered manager spoke of the importance of staff smiling and having a respectful manner when they arrived at people's homes, which helped put people at ease.
- At the time of this inspection no one using the service had their care publicly funded. However, the registered manager was aware of the importance of information being as accessible as possible to people. People's individual sensory needs, such as sight and hearing needs were detailed in their care plans so staff knew the best way to communicate with each person.
- There was an AIS policy in place. The provider was able to provide people with information in the way they understood and needed, such as in large print.

Improving care quality in response to complaints or concerns

- The registered manager was aware of the positive aspect of complaints in leading to improvements to the quality of the service provided to people.
- There had not been any complaints about the service. The registered manager told us that they would ensure that every complaint would be responded to effectively by following the complaints procedure and that any lessons learnt would be shared with staff.
- People's relatives told us they found the registered manager to be very approachable and would have no hesitation in making a complaint if they needed to. They were confident that all complaints would be dealt with in a responsive and professional way.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and promptly reported to the registered manager.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The registered manager told us that she had experience of caring for people at the end of their lives. She informed us that prior to providing end of life care they would ensure staff obtained appropriate training and the support they needed to ensure people received personalised end of life care.
- The registered manager informed us that when providing people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure each person received the end of life care they needed and wanted.

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 culture that was person centred and achieved good outcomes for people.
- Relatives told us that staff were kind and people received the care they needed in the way they wanted. They informed us that the registered manager was approachable, listened to them and was always responsive to their feedback.
- Staff told us they enjoyed providing people with personalised care. They knew people well and had a good understanding of their care needs. One care staff spoke about the importance of listening to people and fully involving them (and when applicable their representatives) in all aspects of their care.
- Staff told us they enjoyed working for the agency, they spoke of good teamwork and of the support they received from the registered manager in carrying out their role and responsibilities. They confirmed they received the information and up to date guidance they needed to provide people with personalised effective and safe care.

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 duty of candour expectations, including informing people truthfully about any untoward incidents and knew the importance of being open and honest with people when something goes wrong.
- The registered manager knew what type of events they needed to notify us and other organisations about.

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

- The registered manager, care coordinator and care staff were clear about their roles and responsibilities.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their duties including assisting people with personal care were carried out by the registered manager. This helped monitor and improve the performance of staff and the quality of the service provided to people.
- Checks of care plans, care records, medicines administration records, staff training, and other areas of the service were also completed. Improvements were made when needed. For example, following a check of 'daily' care records, the registered manager carried out a learning session with care staff about improving the quality of the way they were written.

- Staff were informed of any changes to the service and people's needs. Staff had received regular up to date guidance about COVID-19 during the pandemic.
- People's care plans were detailed and informative. They were regularly reviewed and updated when people's needs changed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us they had a good relationship with the registered manager and care staff, and that communication with them about people's care was good. They told us, "Communication from the manager is very good, she visits." "We have a [message group] so [staff] can contact me and I can contact them."
- The registered manager gained feedback about the service from people and their relatives through regular visits, feedback questionnaires and telephone calls to people. Several compliments about the service provided by Nation Home Care Limited had been received.
- Care staff told us they enjoyed working for the agency and felt confident to seek advice and guidance from the registered manager at any time. Care staff told us, "I can call the manager at any time, she is really good. I am happy with my job" and "If something happens with [person], I can call [the registered manager] and she responds straight away. [Registered manager] takes things on board and deals with it."
- People's relatives mostly communicated with healthcare and other professionals. The registered manager had started to establish effective communication and partnership with a range of healthcare and social care professionals. They had been in contact with the local hospice and attended relevant learning sessions arranged by the host local authority, which the registered manager told us had been "amazing" and that she had "learnt a lot."