Ms Auguster Otekpen Williams

Neeta Care Services

Inspection report

Suite 20, Barking Enterprise Centre
50 Wakering Road
Barking
Essex
IG11 8GN

Tel: 02038756940
Website: www.neetacareservices.co.uk

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 29 June 2017 and was announced. The provider was given 48 hours notice as it is a small service providing care to people in their own homes and we needed to be sure someone would be in. This was the service's first inspection.

Neeta Care Services Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection they were providing personal care to one person. Therefore we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and therefore could not provide an overall rating for the service.

As the provider is an individual, they are not required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A relative told us they felt people were safe using the service. The provider had systems in place to identify and respond to allegations of abuse and avoidable harm. Risks to people were identified during assessments and there were detailed plans in place to mitigate risk. The service did not yet have any paid care workers, although safe recruitment practice had been followed in the recruitment of a volunteer. The provider was not currently administering medicines, but records showed that where they had in the past this had been managed in a safe way.

The provider had completed qualifications to ensure they were trained for their role. Records showed appropriate consent had been sought in line with legislation and guidance. Records showed dietary needs and preferences were met and the person was supported to have their health needs met, with access to health professionals supported as required.

The person's relative told us the relationship between the provider and their relative was very strong. The provider spoke about the person they supported with kindness and affection. Assessments and care plans included details of preferences, religious beliefs, cultural background and sexuality.

The person's relative told us they were involved in the assessment and care planning process. There was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way. The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider had systems and processes in place to monitor the quality and safety of the service. The

provider had a clear, quality focussed plan for growth and sought support from external organisations to ensure they were up to date with best practice in the sector.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe. A relative was confident people were safe while receiving care from the provider.

The provider had a thorough understanding of how to keep people safe from avoidable harm and abuse. There was a clear safeguarding policy and procedure in place.

Risks to people were identified during assessments and there were clear plans in place to mitigate these risks.

There were enough staff and recruitment practices ensured staff were suitable to work in a care setting.

Medicines were managed in a safe way.

Is the service effective?

Inspected but not rated

The service was effective. The provider had the knowledge and skills to perform their role. They did not yet have any staff so we will check they are ensuring they have the knowledge and skills required to perform their roles when we next inspect the service.

Consent was provided in line with legislation and guidance.

People were supported to eat and drink enough and to maintain a balanced diet.

People were supported to have their health needs met and access healthcare services where needed.

Is the service caring?

Inspected but not rated

The service was caring. A relative told us the provider had a strong, positive relationship with the person receiving care.

The provider spoke about people with kindness, compassion and respect.

Care plans and needs assessments showed people's views were included in their plans. The provider considered the impact people's religious beliefs, cultural background and sexual orientation may have on their support preferences.

Is the service responsive?

Inspected but not rated

The service was responsive. People's needs were assessed before they started to receive a service and again when their needs changed.

Care plans were detailed and contained information about how to provide personalised care. Care plans were reviewed and updated regularly.

There was a robust complaints process in place and relatives knew how to raise concerns.

Is the service well-led?

Inspected but not rated

The service was well led. The provider had a quality focussed approach and sought feedback about the experience of care.

The provider had processes in place to monitor and improve the service.

Relatives spoke highly of the professionalism and reliability of the service.

Neeta Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at the information we held about the service and sought feedback from the local authority and local Healthwatch.

The inspection took place on 29 June 2017 and was announced. The provider was given 48 hours' notice because they provide a domiciliary care service and we needed to be sure they would be in. The inspection was carried out by one inspector.

During the inspection we looked at one set of care records and the recruitment file for one volunteer staff member. We looked at the provider's training records, various policies and procedures and other records relevant to the management of the service. We spoke with the provider and one relative of a person who received a service.

Inspected but not rated

Is the service safe?

Our findings

A relative told us they were confident their relative was safe while receiving care from the provider. They told us, "One thousand per cent [my relative] is safe. I trust them. I know it's safe. If there's any kind of emergency I know they will be there." The provider was confident in what action she would take in response to any allegations of abuse and was knowledgeable about the different types of abuse people who received services might be vulnerable to. The provider said, "[If an allegation of abuse was made about a staff member] I'd remove that care worker from that call, and all work until it had been investigated. I'd raise a safeguarding alert with the local authority and tell CQC. If the investigation found they'd been neglectful, by rushing, I'd take disciplinary action because that is an abuse. I'd apologise to the person and their families and explain what was going to happen."

There had been no allegations of abuse, and no incidents that could have been considered safeguarding concerns. However, the provider had effective systems, including a robust safeguarding policy, in place and sufficient knowledge to ensure people were protected from avoidable harm and abuse.

Risks faced by people during care were identified during the assessment process which included an assessment of the person's home to ensure it was a safe environment to deliver care. There were detailed risk assessments in place to address the risks faced by the person receiving care. Risks that had been identified included the risk of non attendance of staff due to unexpected illness or transport failure, risk of financial abuse, falls, moving and handling and pressure care. There were detailed instructions for staff to follow in order to ensure risks were mitigated. For example, there were detailed instructions regarding how to support the person to transfer from one seat to another including positioning of equipment to ensure the transfer was completed in a safe way. This meant risks to the person receiving care had been identified with measures in place to manage them to ensure they received safe care.

At the time of our inspection the provider was only providing care to one person, and as such did not require staff as they provided the care themselves. The provider explained their approach to growth and values based recruitment. The provider explained, "I will need staff before I try and grow. I want people who have heart, who have compassion. Care work is one-to-one, working in isolation. You need people who have that human feeling. I need to be able to trust my staff. I want to be able to sleep at night not worrying about it. I want the best staff for Neeta Care Services." The provider had recently recruited a volunteer coordinator to support them with growing the business. Records showed the provider had completed a robust selection and assessment process for this post, evaluating both application and interview answers against set criteria for the post. The provider had carried out the required checks on the applicant's identity and right to work. The provider had collected both employment and character references and had carried out checks of their criminal records to ensure they were suitable to work in care. This meant the provider had robust systems in place to ensure staff were suitable to work in care.

At the time of our inspection the provider was not supporting the person to take their medicines. However, they had done so previously and continued to have a role in the safe administration of medicines shared with another care provider. A relative told us, "She makes sure the medicines are done, and the right things

in place." Records showed details of medicines were collected during the initial assessment, and updated when medicines were changed. These included the names, strength, route, dosage and time of medicines as recommended by best practice guidance. The care plan relating to the period when the provider had supported medicines administration included details of how to support the person to take their medicines. The provider had created medicines administration records for this period which showed the provider had supported the person to take their medicines as prescribed. Although the provider no longer administered medicines, records showed they ensured the medicines supplied were correct and sought guidance from pharmacists and healthcare professionals when they had queries about the medicines supplied. This meant medicines were managed so people received them safely.

Inspected but not rated

Is the service effective?

Our findings

At the time of the inspection the provider did not have any staff to train to ensure they had the knowledge and skills required to carry out their roles. The provider also delivered training as part of a separate business. Records showed the provider had NVQ level 4 qualifications in health and social care and management, and had completed appropriate training for managers in first aid and health and safety. In addition, she had completed the award 'Preparing to Teach in the Lifelong Learning Sector' (PTLLS) which meant she was qualified to train staff. The volunteer coordinator had also completed NVQs in health and social care. This meant the staff in post were qualified to provide care and support to people and there were plans in place to train future staff recruited.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. The service was working within the principles of the MCA.

Needs assessments included a section about capacity and ability to make decisions. Records showed this included details of the types of decisions the person was, and was not able to make for themselves. Care records were signed to indicate the consent of people with the appropriate legal authority to give consent. The provider demonstrated a good understanding of the MCA and its application. They told us, "[Relative] signs all the paperwork. [Person] can't sign. [Person] can say whether they want a bath or shower, or will choose what to have to eat, or what things they want to do, if they want to watch telly or not. But [person] can't do things to do with finances, or social services. That's always [relative]. [Relative] has power of attorney."

Dietary needs and preferences were included in needs assessments. Records showed increasing levels of detail regarding preferences as their needs were re-assessed over time. For example, at first preferences were limited to how they liked their hot drinks but as time went on there was more detail about the specific meals they preferred. Care plans contained details regarding the support they required to eat their meals, including special utensils that promoted independence. Records showed the provider recorded what the person ate and drank clearly and liaised with relatives when they were concerned about the person's dietary intake. This meant the service supported people to eat and drink enough and maintain a balanced diet.

Health needs and support required to meet them were included in the needs assessments and care plan. There was information within the file with the advice from healthcare professionals for staff to follow. Records showed the provider monitored the person's health in line with these instructions and raised any concerns that required any action to the person's relative. A relative told us, "She feeds back to me. She'll update me by text message. She makes sure I know what's going on. When [my relative] was in hospital she visited her and because [relative] trusts her she was able to encourage her to accept some treatment." This meant the service supported people to maintain their health and access healthcare services where appropriate.

Inspected but not rated

Is the service caring?

Our findings

A relative told us the provider had developed a positive relationship with both them and their family member. They said, "She is passionate about [my relative]. It's like it's her relative. If I'm feeling stressed out about things she'll always pick up the phone to me. I don't need the carers support I used to get because Neeta Care Services are there now. I don't have to worry because I know that [my relative] knows and trusts her. They have a really good rapport. It's like they're related to each other now." The provider spoke about the person they supported with kindness and affection. They talked about their interactions and the importance of trust in the caring relationship in a way that demonstrated they understood the importance of strong relationships in care delivery. The provider said, "People need to get to know you. With [person] I was able to build up our relationship through companionship. We had time going to the park and talking to each other."

The needs assessment and care plan reflected individual preferences about care delivery and included information about religious and cultural background. This included where religious beliefs or cultural background affected preferences for care. The needs assessment included collecting information about people's significant relationships and sexual orientation. This meant the provider was ensuring they established if people's sexual orientation influenced their care choices and provided an open and welcoming service to people who identified as lesbian, gay, bisexual or transgender.

The provider spoke about the person they supported with a high level of respect. Their tone was respectful and care plans contained details of how to support the person to maintain their dignity during personal care. A relative told us they were confident their relative was comfortable with the care provided. They told us they knew this because their relative would give the provider feedback about other organisations involved in their care. The relative said, "I know [relative] trusts Neeta Care Services because she'll tell her if the other agency don't get things quite right. Neeta are really flexible and will sort things out in a sensitive way."

Inspected but not rated

Is the service responsive?

Our findings

A relative told us the provider completed a comprehensive needs assessment that involved them and their relative before they started to deliver a service. They said, "They were so professional. She really set the standard, there was lots of paperwork, all the standards and polices were in place. There was a pre-assessment. We set a care plan and she follows it. It's changed as my relative's needs have changed." Records confirmed the provider completed a thorough needs assessment before they started to deliver a service. This included assessing needs across various areas of care including personal care, physical health and wellbeing, mobility, falls, communication, sleep, continence, religious needs and eating and drinking. Records showed needs were re-assessed regularly, particularly following hospital admissions or a change in needs. There was a greater level of detail about preferences for care in subsequent assessments which demonstrated the provider was getting to know the person better as time went on.

The care plan contained detail of how to support the person with each area of care. This included details of the person's preferences with regard to how they wished to receive their care. There were details of how to communicate clearly with the individual in a way that facilitated their understanding. Records showed care plans were reviewed on a monthly basis and updated when the person's needs changed.

Records of care delivered were detailed and included information about the person's mood and demeanour during care visits. Records showed the provider was in regular contact with the person's relative and any changes or concerns about the person's condition were appropriately escalated. The relative told us this was a great reassurance to them as it meant they did not have to worry about their relative. They said, "She writes the notes, and feeds back to me. She'll update me by text message. It's really good. She's really flexible." The relative told us, and records confirmed that the provider would adjust visit times as requested and liaised with the other provider involved in the person's care to ensure their needs were met.

Records showed the provider's complaints policy was available to people who used the service and was given to them when they started to use the service. The policy contained details of how to raise concerns and expected timescales for response as well as details of how to escalate complaints if the complainant was unhappy with the initial response. The provider had not received any complaints at the time of our inspection, but systems were in place to ensure they were responded to appropriately.

Inspected but not rated

Is the service well-led?

Our findings

A relative spoke highly of the skills and professionalism of the provider. They told us, "We've tried a lot of agencies. Neeta is amazing. It's so professional. She has set the standard for us." The attitude of the provider was person centred and caring. She described other networks and activities she was involved in which included a regular coffee morning to provide social opportunities for older adults who were at risk of social isolation. The provider had established links with organisations they provided training for and best practice guidance for care provider organisations in order to ensure she remained up to date with best practice in the sector. In addition, she had established working relationships with other local care providers, particularly in relation to the training provider aspect of her business.

The provider had a clear plan for quality focussed growth. This involved utilising the skills of the volunteer coordinator to recruit suitable staff. The provider used local connections to promote their services including leaflet drops and word of mouth. In addition, the provider had plans to introduce an electronic call monitoring system to enable them to monitor care visits completed by care workers when they were in post. The provider understood their role and the responsibilities of being a registered person. This included their responsibilities in terms of notifying CQC of specific types of events and incidents.

The provider completed regular feedback surveys to ensure the person and their relative were happy with the support provided. So far the feedback had been only positive. The provider also regularly reviewed and updated care plans and risk assessments to ensure they continued to meet the person's needs. This meant the provider had established systems that monitored the quality and safety of the service and had plans in place to ensure quality was maintained as the service grew.