

Nodek Services UK Ltd

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Inspection report

96 Ilford Lane
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Nodek Services UK Ltd is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. 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. At the time of our inspection, the service provided personal care to two people in their homes.

People's experience of using this service

Staff had not received training from qualified trainers to ensure they were able to perform their roles effectively. We made a recommendation in this area.

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

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 received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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 26 November 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Nodek Services UK Ltd

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 24 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.

What we did before the inspection

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 reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed two care plans, which included risk assessments. We also reviewed two staff files, which included pre-employment checks. We looked at other documents such as medicine management and quality assurance records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and supervisions. We also sought feedback from one person that used the service and one staff member.

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.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risk and control measures to minimise the risk. There were risk assessments in place for specific health conditions such as mental health.
- Risk assessments had also been completed for people at risk of substance misuse and seizures.

Using medicines safely

- The provider did not support people with medicines.
- Staff had been trained on medicines and a medicines policy was in place should the service support people with medicines in the future. People were only prompted to take their medicines by staff. The service kept records of people taking their medicine to confirm that medicines had been taken.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, employment references and obtaining proof of staff's identity had been carried out.
- Systems were in place to minimise risks of late or missed calls. Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "We have enough staff to support people safely. The people we support are fairly independent."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "I feel safe."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how safeguarding people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place. A staff member told us, "I have been trained on safeguarding. Safeguarding is keeping people and everything around them safe from abuse and any kind of harm. I can

report it to my manager or bodies that can deal with it such as police or local authorities."

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "We have enough PPE. We have aprons, masks, hand sanitisers and testing kits."

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 Requires Improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not been trained effectively to ensure they could perform their roles effectively. The registered manager delivered training to staff on areas such as first aid, safeguarding, medicines and moving and handling. However, we did not see evidence that the registered manager was qualified to deliver on each area that training was delivered to staff. We registered manager told us that they would ensure that they attend training courses to ensure they were qualified to deliver training.

We recommend the service follows best practise guidance on delivering effective training to staff.

- Supervisions and appraisals had been carried out for staff, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Line manager] is supportive. They are a good manger."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Regular reviews had been carried out with relatives to ensure people received support in accordance with their current circumstances. People were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks.
- People were given choices when staff supported them with meals. A staff member told us, "People are given choices on what they would like to eat. If they want anything different from what is there, then they can get it."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns

about a person's health. Staff knew when people were not well and what action to take.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Staff told us that they always request people's consent before doing any tasks. One staff said, "I always ask for consent before supporting people."

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; equality and diversity

- People were treated with kindness and respect. A person told us, "Staff are very friendly and caring."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support provided.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member told us, "They can make decisions on how they want to be supported. They are always involved in decisions."
- Reviews took place with people to ensure people were happy with their care and if they needed further support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I always make sure to knock on people's door before entering and ensuring windows are shut and curtains closed."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to cook independently.

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 support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in number of areas such as personal care and nutrition. Care plans also included people's background history so staff knew about the person they were supporting.
- Staff told us they found the care plans helpful. One staff told us, "Care plan is a guide and it is helpful in that sense."

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us they ensured a policy was in place so they were prepared should they support people in this area.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been carried out on the running of the service to ensure people received personalised high-quality care. Audits had been carried out on care plans and staff files to ensure information was accurate.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "Yes, I enjoy working here, it is ok."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people about the service through surveys and discussions. Records confirmed this and the results of the surveys were positive.

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 that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.