

## Noble Supported Living Limited

# Noble Supported Living

### Inspection report

Noble Grange Apartments  
15-17 Webb Street  
Nuneaton  
Warwickshire  
CV10 8BG

Tel: 02476350394  
Website: [www.noblecare.co.uk](http://www.noblecare.co.uk)

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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: Noble Supported Living provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, there were three people using the service.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration and storage of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints policy and procedure that was made available to people who used the service. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection. It was scheduled based on the date the service registered with CQC.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Noble Supported Living

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: Noble Supported Living is a supported living service.

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 visit to ensure someone would be available to speak with and show us records.

What we did: Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: During inspection we spoke with one person who used the service and one family member. We spoke with the registered manager, provider, deputy manager, two care staff and a healthcare professional. We looked at the care records of three people who used the service and the personnel files for

three members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Noble Supported Living. Comments included, "Yes, I do [feel safe]" and "Safe? Yes, we have peace of mind."
- The registered manager understood their responsibilities with regards to safeguarding people. Appropriate policies and procedures were in place, and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.
- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines and their preferences for how they wanted their medicines to be administered.
- Medicine administration records (MAR) were accurate, up to date and audited weekly.

Preventing and controlling infection

- The provider had an infection control policy. Checks were carried out to ensure people were living in a clean and safe environment.
- Staff were appropriately trained in infection prevention and control.

# 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

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 they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- People and family members were happy with the support provided. Comments included, "I've seen a massive change [for the better]. [Name] is more settled" and "I think the staff are very good."
- A healthcare professional told us staff's knowledge of the people they supported was "good".
- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date and staff told us they had received sufficient training for their role.
- New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

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

- None of the people using the service had specialist dietary needs. However, people received support to prepare a meal and to maintain a healthy diet.

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

- People were supported with their healthcare needs and to attend appointments when necessary.
- Each person had a health action plan file that recorded details of GP, hospital and other healthcare appointments, weight records, health action plans and details of any other correspondence or meetings.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the MCA. All of the people who used the

service had capacity to make their own decisions.



# 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

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 and family members told us they were happy with the care and support provided. Comments included, "I'm very happy" and "I've not seen [name] this happy for ages."
- None of the people using the service at the time of the inspection had specific religious or spiritual needs.

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

- People's preferences and choices were clearly documented in their care records. For example, one person did not like taking a shower so staff were to offer the alternative of a wash.
- People were able to make choices, such as meals, activities, what clothes they wanted to wear and whether they preferred male or female staff.

Respecting and promoting people's privacy, dignity and independence

- Care records described how staff were to respect people's privacy and dignity. For example, "Staff need to be discreet and respect [name]'s dignity."
- Staff had received training in dignity and respect. A staff member told us, "You have to be mindful it is a small, close-knit service. At bed time and when personal care is carried out, you ensure that doors are shut and curtains are closed."
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. For example, "[Name] can use the toilet independently but may require reassurance", "[Name] is able to choose their own clothes and what they want to wear" and "[Name] is able to complete most of their personal care routine independently."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as preferred name, previous address, diagnosis and contact details for health and social care professionals involved in their care.
- Support plans described the person's support need, the expected outcome of the support plan and how staff were to meet the person's need.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. For example, one person did not always understand information and found it difficult to hold a conversation. Staff were to provide clear and simple information to ensure the person understood and had time to process the information.
- People were protected from social isolation. Their interests and activities were recorded, and support plans for social networks and meaningful use of time were in place.
- People were supported to access a variety of events and activities. For example, day services, local shops, discos and pubs. The registered manager told us their current focus was to let people get settled into the service and used to the surroundings, then they would focus on getting people more involved in the local community.
- People took part in activities and events at the provider's residential service on the same site. The registered manager told us they were planning events in the garden during the summer, such as 'Noble Grange olympics' and garden parties.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was available on the notice board and in the service user guide.
- No formal complaints had been recorded at the service but systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- None of the people using the service at time of our inspection had end of life care needs. The registered manager told us they would discuss this with people and families if the need arose.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they worked as a team and were supported in their role. Comments included, "We get plenty of support from [management]. They are always at the end of the phone" and "We work together as a team. We support each other. There's always a manager around to run things by."
- The registered manager told us, "It's one big team. I learn things from my support workers."
- A family member told us, "I am so satisfied. [Name] is really well looked after."

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

- The registered manager and staff understood their roles and responsibilities.
- The management team carried out audits to monitor the quality of the service. These included; care records, health and safety, medicines and dignity. These were up to date and effective at identifying areas to improve.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- People were able to feed back on the quality of the service during regular one to one meetings and as part of the review process.
- One of the people had been involved in the recruitment of new staff. This was to help ensure staff were matched to the needs of the people they were going to support.
- As the service was new, questionnaires had not yet been sent to people, family members and staff. The registered manager told us this was planned for later in the year.
- Staff meetings took place monthly.

Working in partnership with others; Continuous learning and improving care

- The service worked with other agencies and health and social care professionals, such as the local authority and clinical commissioning group.
- They attended multi-disciplinary team meetings (MDT) where professionals could share and discuss information. A staff member told us attending an MDT was very useful as it gave them a better understanding of the person and their background.