

Nobilis Care Limited

Nobilis Care South Gloucestershire

Inspection report

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Tel: 01454300162

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18 January 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nobilis is a care at home service providing personal care and support. At the time of the inspection around 100 people were receiving support with personal care

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider's systems that were used to robustly identify shortfalls in the service had failed to act on and learn from concerns over the last 12 months. This meant that improvements required were not acted on in a timely way. Improvements were also needed to the complaints processes.

Staff were able to access appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff were trained and competent in their role. Staff received supervision and appraisals to monitor their performance and identify any learning needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People and their relatives were overall very positive about the care and support and kindness of the staff who supported them.

Rating at last inspection

This service was registered with us on 8 July 2019 and this is their first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control and staffing. A decision was made for us to inspect and examine those risks and to provide a rating for the service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will continue to discharge our regulatory enforcement functions

required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified that systems and processes were not robust enough to demonstrate quality and safety were effectively managed.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Nobilis Care South Gloucestershire

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 team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our Expert's by Experience had direct experience of caring for a family member at home.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 January 2021 and ended on 18 January 2021. We visited the office location on 18 January 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection although the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with 14 people who used the service and four relatives about their experience of the care provided.

We spoke with eleven members of staff including the provider, registered manager, and a senior manager.

We reviewed a range of records. This included four care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. One person told us when talking about their own safety "Overall, I think they do very well. They've obviously been told about the importance of making sure that I am secure in my home because they must use the key safe and thankfully, I've never been left with it not properly locked up when they've finished with me. I also have to say that the carers are nothing but polite, kind and considerate. No one has ever raised their voice to me or treated me roughly."
- A relative said, "I am here most of the time to see the standard of care that mum is getting. Before Covid, we were getting visited every quarter by someone who would come in and check what was happening and they would sometimes observe how the carers were performing. Sadly, none of that has happened since the restrictions, and I understand the reasons perhaps why they haven't been able to do so, but it just leaves me with a slight concern."
- Further feedback from people and relatives about their safety included "Definitely very safe with them. My relative has them for a shower call every morning and they support her safely to and from the shower ensuring she does not fall over so good practice given." And "I feel quite safe when they are tending to my relative. She needs assistance with getting dressed and toileting and they support her steadily when carrying out these functions in a safe manner."
- Staff went on regular training to help them to understand what abuse was and how to keep people safe.
- People were further protected because the provider had effective safeguarding systems in place to guide staff as to what to do to protect them the risk of harm or abuse. The service had raised appropriate safeguarding concerns with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and were safely managed.
- People's needs and the level of care and support they required had been identified before they began to use the service.
- Each person had a risk assessment to show staff how to protect themselves and the person they supported. Potential risks to the health, safety and welfare of each person were clearly identified. For example, risks affecting people's daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly set out.
- Risk assessments about risks in people's homes were detailed and up to date. They included the safe use of electrical equipment, furniture, and stairs.

Staffing and recruitment

- Recruitment practices were safe and showed checks were completed to aim to make sure only suitable new staff were employed.

- Staff visit rotas were being re-planned at the time of our visit. This had led to some general concerns and uncertainty for some staff. The registered manager and the senior staff member who were reviewing these rotas explained how this was being undertaken. Visits were being planned to be more consistent and shorter for staff and overall more beneficial for people who used the service.

Using medicines safely

- We had been sent information of concern around medicines management before our visit however we found that people were now supported to manage their medicines safely. People told us how staff supported them with medicines. One said "I do my own meds but do have to have it with food. So, they give them to me when I am eating but as I said, when they come late in the evening it throws me out waiting for them." Another comment was "Yes, the carers give me my tablets with a drink when they come and I then swallow them myself so this is all fine." Further feedback included "I can take them myself but they get them from the dossit box and hand them to me with a drink of water."
- There were effective systems for ordering, administering and checking medicines for people who needed support in these areas.
- Senior staff had been given more training and other staff were trained and checked before they gave people medicines.
- Medicines were secure in people's homes and records were kept.

Preventing and controlling infection

- People spoke positively about the staff and how they worked to prevent and control infection. One said "I was very wary to start with when the pandemic started and we were all told to stay at home and self-isolate. The care staff however, have been very professional and always have their masks and gloves and aprons whenever they come to me." Another comment was "The carers were always very hygienic and made sure they washed their hands regularly and used gloves before all this trouble started. Since then, the agency has made sure that they always have masks, aprons and gloves and they don't spend any time around me without having those on. I do feel as safe as anyone can be at present."
- Further feedback and comments from people included "They all wear PPE, absolutely. Infection control is fine, no issues at all with any of that." "This is all good, wear masks and gloves and things. Very clean and steady when doing my dressings to ensure no chance of any infections taking place." "Yes, they do, mask, gloves and aprons. Also clean down after they have completed doing everything." This is all very good, they all wear PPE and very thorough on cleaning to reduce any chance of any infection or contamination." "Infection control is fine, all wear full PPE and I feel quite safe about this."
- Staff were provided with personal protective equipment(PPE) and shown how to use and wear PPE safely.
- The provider 's infection prevention and control policy was up to date and staff had a copy of this guidance.

Learning lessons when things go wrong

- Records were kept of accidents and 'near misses' involving people and staff.
- Staff then completed regular reviews of these occurrences. Actions were put in place when needed.

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 told us, and care records showed, how their needs were fully assessed before they had started receiving care and support from the agency .
- When care plans were reviewed where possible, we saw and some people told us, how they and their families were included in these reviews. This was to ensure person-centred care and support was provided.
- People's care was delivered in line with up to date guidance. For example, recognised assessment tools were used to assess for safe moving and handling, skin integrity, nutrition and hydration.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to provide safe and suitable care. One person told us "I've always been happy with most aspects of the care. I don't particularly like being hoisted, but it's necessary these days and I do feel that the carers have good training in order to know how to use it. They always reassure me and are concerned to know how I am feeling and whether the sling feels secure before they move me anywhere in it."
- People and relatives were also overall positive in their views of how their needs and choices were met. One said "Most certainly with my regular one in the morning and while the others are good, in the evening with having so many different ones they have to ask me what to do. They are knowledgeable and skilful but have to be guided by me." Another comment was "Yes all good and well trained for what they do for me." Further feedback included "All well trained and know about everything in my opinion." "All carers are very well trained and fully competent in the care they give to me to meet my needs." "Yes, most certainly, all very efficient in all aspects."
- Relatives also spoke positively about the care and support provided. One said, "No issues with carers although some are more talkative than others and my [relative] likes to have a chat so they do have differing ways in doing her care but trained well." Another told us "I would say that all the carers we have coming are all good and competent in what they do."
- Some staff told us they had not yet been given suitable moving and handling training. We discussed this with the registered manager. They told us all staff were being booked on this training. They also said staff who had not yet had this training did not support people who needed this level of support.
- New staff completed a mostly online induction to learn about the role they would be doing. Additional training was also given if needed. Training included opportunities for staff to work with senior care staff in a shadowing role. Senior staff completed spot checks before staff provided care on their own to ensure new staff were safe. Staff were supported with one-to-one sessions of supervision. These provided an opportunity for one of the senior staff to discuss training, identify any concerns, and offer support.
- Staff said they felt supported in their roles, some staff had transferred from another agency and they felt

less supported at this time. The registered manager was made aware of this feedback on the day of our visit.

Supporting people to eat and drink enough to maintain a balanced diet I have suggested some words are deleted to reduce length.

- People and relatives spoke positively about how staff supported people to eat and drink enough. One said "I'm reliant on my carers these days for both my food and my drinks. They usually make my breakfast for me in the morning and then leave it ready for me so that I can have it when I feel like it. I usually always have at least one hot drink while they're here, and then they make me another one just before they're due to leave and they also make sure that I have three or four glasses of water to hand... Nothing is ever too much trouble and if anything, they are good and encourage me to eat well and drink regularly as well." Another person told us "They just come to me in the morning, so they organise my breakfast for me and then they will make me a roll or a sandwich or something similar that they will leave for me in the fridge for my lunch. They do their best to encourage me to eat more but I just haven't got the appetite anymore."
- Care plans were in place that set out how to support people with meal choices and promote healthy eating.
- Staff received training in food safety and supported people with meal preparations when needed.

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 to maintain their health and wellbeing as staff liaised with other agencies when needed. Where concerns about people's health were found staff would, if needed contact health services. This included GPs, district nurses and occupational therapists.
- Staff told us they knew people well and this meant they spotted subtle changes in a person's health and wellbeing. Staff said where there was any concern about a person's health it would be reported right away.
- Care records included guidance about people's specific health conditions and how this impacted on their daily living and the support staff might need to provide.
- Where needed if the person or their family could not do this staff service supported people to access health and social care services. For example, staff would support people to go to health care appointments if they had no one else who could do this with them.

Ensuring consent to care and treatment in line with law and guidance I have made a couple of deletions to reduce length

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

line space needed. 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.

line space 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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.
- Care plans showed how when needed assessments were completed in line with the requirements of the Mental Capacity Act.

- People and relatives were very clear that consent was always sought. One person told us "They certainly never rush me or force me to do anything that I'm not happy with." Another comment was "They are very patient with me. There are still some things that I can do for myself and they will always take their time and allow me to do that with their assistance. They always ask me if I'm happy and ready to carry on and if I need a rest for a couple of minutes.". A relative told us "It's one thing that I've noticed that they are particularly good which is asking my mum how she is feeling and whether she's ready to make a start."
- Staff conveyed they understood the need to seek and obtain people's consent before giving care or support.

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

- Overall people told us they were treated with kindness, dignity and respect. One person said "I'm very fortunate and have one main carer who comes to me during the week. She has been looking after me for the last six years or more and she has become more like a family friend over that time." Another comment was "I have never been treated with anything other than kindness and concern, but all the carers are so patient with me and nothing is ever too much trouble. It's been awful being here on my own for such a long period of time, and although I can't see their smiles from behind their masks, it's always such a pleasure to see them when they arrive." Further feedback about the staff included, "They always ask if they can do any more for me before going." "They do all I ask of them and I am quite happy with my care at this time." And "They look after me really well."
- Staff training records confirmed staff were trained on the topic of equality and diversity. This training aims to support staff to fully respect people's uniqueness and their right to live their life as they chose.

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

- People told us about the staff's very positive approaches that supported them to express their views. Comments included, "My regular morning one X is excellent and very caring. The others that come in the evening are nice and friendly and that, but I have to tell them what to do as they don't know me, but they do listen and do." "All excellent now but was not when I first started with them last year as some were telling me what to do and leave early." "All very good, all of them, very friendly and caring and polite." "All the carers without exception are very easy to get on with, all of them are good that come."
- Where people were not able to be involved in their care plans the registered manager and staff worked with family members. This was to ensure all people's view were expressed around their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People told us that privacy, dignity and independence was respected by staff. Examples of comments made included, "My dignity and privacy are fully respected. I have a full body wash done in the lounge as difficult to get upstairs, they close the curtains and observe full respect in keeping me covered when and where required." "This is fine when undressing me for bed and washing me. Doors and curtains closed and caringly carried out." Further comments included, "They wash and dress me and all carried out in a good dignified way, keeping me covered and warm."
- Further feedback around how staff respected and promoted privacy, dignity and independence included "It certainly is. When getting me dressed they always ensure blinds are closed and the door and always hand my clothes to me and help me on with them in a proper nice way." "When doing all my personal care, all

done privately and in a correct way making me feel fine and not embarrassed over anything."

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 requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider was not ensuring formal complaints or concerns were being used to improve the quality of care and overall service.
- Some concerns were raised that complaints were not fully addressed. These concerns were discussed with the registered manager at our inspection. We received feedback from people and relatives about how complaints were dealt with. In response to being asked if they had made a complaint one person said "Yes I have about the rota. It is sent to me with times and carers unallocated and out of date. Waste of time. When I complained all, I get is "We will try to sort it out" but it still hasn't been." Another person said "I did when started with them in January. I had carers sent to me who were offish and didn't speak to me and left early. Now to be fair, the company did sort this out and it got better in March and all is now ok."
- One person told us it had been a challenge sometimes to get through to office staff outside of core hours. "When it came to contacting the office sometimes the call will divert to the Southampton headquarters after which you can only either leave a message or they will try and transfer the call back without success." remove line space
- The area manager and registered manager both agreed the formal complaints system was not up to date and this was going to be addressed as a priority. However, the registered manager had responded verbally to the concerns raised with us during our inspection. As this had not been kept up to date it meant complaints were not being used to learn from and improve the service. We viewed complaints records for over 12 months and we found there was no outcome or action recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us some positive views of how staff continued to provide personalised care to ensure they had choice and their needs were met. One relative said "I think all the carers have really stepped up since the pandemic started. I have been really impressed with how they go out of their way to make sure that my mum is well looked after and when she has extra jobs that she needs help with, which can be quite often as she has far less visitors now than she used to, they never mind what it is she requires of them and they always do it with a smile on their faces." Another person told us "They really do treat me like a person. They always want to know how I am and it's lovely just to have a chat. ... It can be a long day when you don't see anybody and I really value the contact I have with my carers. They usually do so much more for me than they were doing because I really don't see anybody else who can help me otherwise."
- Care plans we viewed showed people's needs were set out with information about how each person was to be supported with their care. Care plans were reviewed regularly and if people's needs changed.

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.

- Care plans had identified people's communication needs. The care plans and information could be made available in different formats if needed to ensure they were accessible by all people that used the service.

End of life care and support

- The service supported some people with end of life care and staff received training in end of life care and support.
- Care plans showed how to support people who were on the end of life care journey.

Is the service well-led?

Our findings

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems of governance were not effective.
- The provider had a quality checking system in place to monitor the safety of the service and to drive up improvements, for example, medicines management, care planning, and staff's delivery of care. However, the system used had not been kept up to date and this could put people at risk of harm.
- The registered manager showed us an action plan they had written to address certain shortfalls such as in quality checking systems. However, the action plan had no record of who, how and by when shortfalls in the service would be addressed.
- The registered manager acknowledged our feedback and agreed to respond swiftly to the concerns identified during our inspection. They were now working with other agencies to improve outcomes for people that used the service.

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

- Since the service was registered significant events that had occurred that required notification to CQC had been reported appropriately.
- The registered manager conveyed they understood the responsibilities of their registration.
- Throughout our visit the managers demonstrated an open and transparent approach to their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems in place to engage and involve people who used service.
- The service carried out telephone surveys to seek feedback from people who used the service or their relatives. However, one person told us, "Not had a survey or anything." Another person said, "Not had surveys but we are in regular contact with them so all good. One relative said, "Yes we have had a survey and grateful for the support we get from them."
- Further feedback about surveys and engagement from people and relatives included "No they haven't to my knowledge but I would recommend them though. Only thing needs addressing is the poor rota they send out which is not accurate." "No not had any feedback items. Very happy with everything. If could get one thing changed would be to have a regular carer for her that's all." No one has ever asked us what we think about the service or sent us a survey to fill-in about how it is managed. It would be nice if they could send us a list each week as they used to do, and it would help if they actually did something about issues that you have, rather than just being very apologetic and then seemingly ignoring the problem hoping it will go away."

- Meetings were held to ensure all staff team members were aware of any issues or actions to take and staff were positive about the support they received. Some staff said they felt disconnected and isolated from the office, due to far fewer staff meetings at this time. The registered manager confirmed when we met them at the office that there had been far less staff meetings due to the Coronavirus Pandemic. The use of digital technology was discussed with the registered manager.
- Staff meetings were held where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. These meetings had been less frequent currently due to the Covid Pandemic. Some staff told us they wanted to have more regular staff meetings. The registered manager was made aware of this feedback.

Working in partnership with others

- The service worked to make sure they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The registered manager attended local provider and care service forums to network with others, share ideas and keep up to date with good practice.