

Nobilis Care Limited

Nobilis Care West

Inspection report

Unit 307, Solent Business Centre
Millbrook Road West
Southampton
Hampshire
SO15 0HW

Tel: 08456800225
Website: www.nobilis.co.uk

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31 January 2019

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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:

Nobilis West is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to a range of people living with mental health needs, learning disabilities or physical disabilities.

There were 117 people receiving care which is regulated by the CQC at the time of the inspection across Hampshire. The provider was in the process of registering a separate office location in north Hampshire.

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

People's experience of using this service:

- People were supported to remain in their homes, independent and safe for as long as possible.
- People received high quality, person-centred care. People told us staff treated them with kindness, compassion and respect.
- Staff knew people well and were passionate about their work. Staff were proud to work for Nobilis and felt well supported.
- Staff were supported to spend time with people, helping them to do activities which they enjoyed and valued.
- Staff were knowledgeable and skilled. There were good measures in place to support staff and review the quality of care. The registered manager looked for ways to improve services and worked well with the local authority and other agencies.

Rating at last inspection:

The service was previously rated Good (10/10/2016)

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Nobilis Care West

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:

This inspection was carried out by one inspector and one Expert 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.

Service and service type:

Nobilis West is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

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 24 hours notice of the inspection to ensure staff and managers were available in the office during the inspection.

Inspection site visit activity started on 29 January 2019 and ended on 31 January 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

We contacted people and people's families by telephone on 29 and 30 January 2019 and visited people in their homes with staff on 31 January 2019.

What we did:

Before the inspection we looked at information we had about the service, including;

- Provider information return – key information about their service, what they do well, and improvements they plan to make.
- Notifications we received from the service – the law requires providers to notify us of certain events that happen during the running of a service.
- The provider's website.

During the inspection:

- We spoke with nine people who used the service and two people's relatives over the phone. We spoke with four people and three people's relatives while visiting people in their own homes.
- We spoke with the registered manager, the branch manager and six members of staff.
- We looked at six people's care records including risk assessments and support plans.
- We looked at staff recruitment records, and personnel files including training records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits, quality assurance reports and other records, including policies and procedures.
- We asked for feedback from local authorities who commissioned the service on behalf of people, one local authority fed back about the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- There were clear processes in place to protect people from neglect and abuse.
- Staff were trained in safeguarding, they knew about different kinds of abuse or neglect and what signs to look out for.
- Staff felt confident to report any concerns and that these would be taken seriously.
- There was evidence of robust investigations into any allegations.

Assessing risk, safety monitoring and management:

- The provider assessed risks to people and put in place measures to keep people safe.
- People's needs were assessed before providing care to make sure people's risks were fully considered.
- Staff reviewed people's risks in their own home and supported people to reduce these, such as fire risks or risk of falling.
- People had care and support plans with measures to reduce their risks, while promoting their independence and giving them choice wherever possible.
- People told us they felt safe.
- The provider had considered risks to staff and to service disruption and had appropriate measures in place to reduce these risks.

Staffing and recruitment:

- There were enough staff to keep people safe and meet their needs.
- Recruitment processes ensured staff were suitable for the role, including getting confirmation of potential staff members character.
- The provider looked at staff's approach and values when recruiting.
- The provider continued to recruit all year round to cover staff turnover and to meet growing demand for the service.
- The service had incentives to retain staff to create a more stable workforce.

Using medicines safely:

- People were supported to take their medicines safely.
- Staff were trained in administering medicines and had their competency assessed to ensure they were safe.
- People's needs relating to their medicines were assessed and staff provided support wherever needed.
- People had clear care plans for how they were supported with their medicines. Where people had 'as required (PRN)' medicines, there were clear protocols for staff to follow.

Preventing and controlling infection:

- Staff understood infection control procedures.
- Staff had personal protective equipment, such as aprons and gloves, and hand sanitiser available to them.
- People's risks of infection were understood, such as when someone had a wound or a compromised immune system.

Learning lessons when things go wrong:

- Incidents were reported and recorded.
- Incidents were considered as learning opportunities. Any reported incidents were investigated, discussed with staff and actions taken to reduce the likelihood of them happening again.
- Staff were supported to learn and reflect after incidents or adverse events.

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

Good: 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:

- Care was effective and people were supported to achieve their goals.
- People's needs and choices were assessed and care was delivered in line with their assessed needs.
- Care was delivered in line with relevant best practice guidelines and achieved good outcomes for people.
- Care plans were detailed, they identified people's needs and choices and what they could do for themselves, as well as what they needed support with.
- Staff told us they always read people's care plans prior to working with them to ensure they understood their needs and knew about any changes before supporting people.

Staff support: induction, training, skills and experience:

- Staff had the skills, knowledge and experience to be able to deliver effective care.
- Staff had an induction which involved face-to-face training and two weeks shadowing other staff in order to gain needed skills and experience.
- The provider had staff leads in different areas of interest, such as dementia or skin integrity. These staff had additional training and self-led learning which enabled them to support other staff in these areas.
- The registered manager had identified further training opportunities for staff which had been offered and booked to further develop their knowledge and skills.
- The provider had a framework for observed care visits which looked at the skills and approach of the care worker. This included their skills in manual handling, whether they had a good rapport and approach with people and whether they promoted people's independence.
- Staff told us that training provided was very good and they felt prepared for their role, one staff member said training was "brilliant".

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

- People told us they were supported by staff to eat and drink enough and have the food they preferred to eat.
- When visiting people in their homes, staff made sure people had drinks available to them and asked people what they would like to eat.
- Staff encouraged people to eat and drink enough and knew people's preferences, likes and dislikes.
- People had care plans which included information about their risks of malnutrition or dehydration, and had detailed information about what support they needed their preferences.
- Staff were considerate and flexible with the support they provided, if people needed additional help with food and drink.
- One person told us, "If I have a hospital appointment they do me a sandwich, wrap it for me to take with

me."

- On a visit to one person's home, the member of staff told us the person was at risk due to loss of appetite. They told us, "If it looks appetising it helps a lot." Staff had arranged the food on the plate with care so it looked more appealing.

Staff working with other agencies to provide consistent, effective, timely care:

- The provider had a clear aim to keep people independent and in their own homes for as long as possible and worked with other agencies to achieve this.
- The provider would keep care arrangements in place if people were admitted to hospital so that they could be discharged more swiftly back to their own homes.
- One commissioner fed back positively about their relationship with the provider and their ability to offer care packages at short notice.
- The service worked with healthcare providers to ensure people's support was effective and in line with best practice guidance.
- The service had worked with community physiotherapists to provide support with rehabilitation for one person we met. They had been supported with exercises each day which had improved their mobility following a period of ill-health.

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

- People were supported to access healthcare services as needed, such as the GP, dentist or optician.
- People were encouraged to live healthy lives and to remain active wherever possible.
- Staff understood signs of physical illness to look out for and liaised with people's GPs to ensure they received support when they needed it.

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. We checked whether the service was working within the principles of the MCA.
- Staff gained people's consent to provide care and support.
- Staff had a good understanding of mental capacity and about promoting choice. Staff assumed people had capacity to make choices and take decisions.
- People were involved in writing their care plans, which included information about their capacity to make decisions.
- Where someone didn't have capacity to make a decision, staff involved families in finding out more about people to be able to make decisions in their best interest.
- The service ensured they asked whether people's loved ones had been granted lasting power of attorney to make decisions on behalf of the person. Where people had lasting power of attorney, staff involved them in writing people's care plans where appropriate.

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

Good: 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:

- Staff were respectful of people, respected people's individuality and spoke with them as equals.
- Care plans contained people's personal histories and 'ice-breakers' for staff with information about the person's interests, hobbies and past career or achievements.
- People were treated with kindness and compassion. People's emotional needs were understood and people were given emotional support wherever needed.
- We asked people what the service did best, one person told us, "Their kindness" and another said, "They look after me like a member of their family."
- One person told us, "They show me kindness in the way they talk to me and treat me. I only have to mention something and if they have the time will do it."
- Another person told us, "The carers give me the time without me telling them that I don't like to be rushed. I can talk to them and ask them about something, they listen to me."
- One member of staff told us about a person living with dementia, "[The person] is not able to talk. We know she likes [a musician], you see her eyes light up. She has this beautiful smile when you say something she remembers. If you explain things, you can see she understands you."

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

- People told us they felt listened to and respected by staff.
- People were supported to express their views. Staff worked to overcome barriers to communication to allow people to express their views
- People had detailed care plans about how they were able to communicate and express their views, such as using picture boards, having simple 'yes or no' questions, using hand signals or facial expressions.
- One member of staff told us about a person living with dementia and how they adapted their way of communicating with them. They told us, "[The person] communicates positively with their eyes and negatively with their hands. You need to speak softly as they don't like loud noises. You have to be more gentle in your approach with [person], do more explaining."

Respecting and promoting people's privacy, dignity and independence:

- People spoke highly of the way staff cared for them and how they respected their privacy and dignity.
- One person told us, "The [staff] keep doors closed, curtains drawn and place a towel over me when I have a wash."
- Another person told us, "They don't talk over me. They leave me in the bathroom to use the toilet and come back when I call them."
- Staff spoke of people respectfully and were passionate about promoting people's independence.

- Care plans reflected people's different abilities and identified ways people could be supported to do things for themselves.

Is the service responsive?

Our findings

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

Good: 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:

- People's individual needs, preferences and interests were assessed and used to create personalised care plans.
- Staff knew people well and knew about their preferences. People were given maximum choice and control of the support they received.
- People were supported to engage in activities and hobbies in their homes and in the community which interested them.
- The provider allocated extra time to each person in addition to their funded support each month. Staff were given the freedom to come up with things people would like to do. One person told us staff were going to take them to bingo, which they hadn't been able to go to for some time.
- Staff had used this time to help people with a range of things, for example helping someone write Christmas cards to loved ones; putting up Christmas decorations; redecorating someone's bedroom and helping one person visit a loved one's grave.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to make a complaint or raise a concern if they needed to.
- One person told us, "I have had to make a complaint about my carer being late, they checked where they were and got straight back to me."
- Another person told us, "My daughter would [make a complaint if needed] and has done it...it was dealt with satisfactorily. I could also do it myself, but I haven't needed to."
- We saw a complaints file with a log of all complaints, investigations and responses, as well as an appropriate complaints policy which is made available to people using the service.

End of life care and support:

- The service did not have any people receiving end of life support at the time of the inspection and had had a significant reduction in people requiring this support due to changes in commissioning of these services.
- The service had an end of life care champion who had additional training and skills to support staff should this be required.
- There was a template care plan for end of life arrangements should this be needed, and this was in line with best practice guidance.

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

Good: 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 had a person-centred approach and were passionate about their jobs.
- The service had a positive culture and staff were proud to work for Nobilis. Staff felt empowered to make suggestions and try new things.
- Staff were encouraged to spend time with people and were given additional time each month to support people. Staff were given incentives and praise for coming up with activities which were meaningful to people.
- One member of staff described the best thing about their job, saying, "I love it. It's like going in to see one of your family."
- Another member of staff described the best thing about their job. They told us, "The best thing is helping people to be independent [and] the look on their faces when you go to see them, it's a lovely feeling."

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

- There was robust arrangements to review the quality and safety of care.
- Staff were clear on their roles and responsibilities and what was expected of them. Staff performance was actively managed and supported and there was a robust management structure.
- Senior staff and managers undertook observational visits to assess staff skills and the quality of the care being provided.
- The registered manager was experienced and understood their responsibilities. Senior staff were being trained and developed to take over registered manager roles.

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

- People who use the service, their families and staff were engaged with the service.
- The service sent out regular feedback forms to hear people and families' views of the service.
- People and families told us they felt listened to.
- One person told us, "They listen and act on what I say straight away. I trust them, I am very lucky."
- Staff spoke highly of the support they get from their managers and of the staff team.
- One staff member told us, "They encourage us to try things and give things a go. They recognise my experience."

Continuous learning and improving care:

- The service looked to make improvements wherever possible in delivery of care.
- Staff were encouraged to continuously learn, and share their learning with other staff. One member of staff told us, "If you want to improve yourself or learn anything, they always give you opportunities."

Working in partnership with others:

- The registered manager and senior staff were active in working with other agencies.
- The service was working with the local authority to try new ways of working, for example in offering shared contracts with other providers. This made finding support for complex people in their homes easier for the local authority so people spent less time in hospital.
- The service sought support and guidance from other professionals and worked with other providers as needed.