

# Noble Care Limited

# Noble Grange

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Noble Grange is a care home providing accommodation and personal care to up to 11 people. The service provides support to autistic people, people with a learning disability and people with mental health needs. At the time of our inspection there were 11 people using the service. The building was designed by leading architects for people with a learning disability and autistic people. There are spacious corridors with a variety of communal spaces with low stimulus décor. There are seven bedrooms with ensembles split over two floors in the main house and four self-contained apartments.

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

People and their relatives told us people were safe from the risk of abuse. The provider had effective safeguarding systems in place and promoted a culture which empowered people to speak up. Any concerns raised were dealt with promptly and included thorough investigations and referrals to external agencies such as the local safeguarding team.

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. The provider was a committed member of The Restraint Reduction Network which aims to reduce reliance on restrictive practices in health and social care. Any restrictions in people's care were continually reviewed to ensure they remained ethical, legal and proportionate.

People received their medicines as prescribed. The providers robust systems and processes ensured medicines were ordered, stored, administered and disposed of safely. Medicines were reduced where appropriate which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely. Some people had complex conditions which required very careful and considered care planning to minimise the likelihood of distress. Each person had a detailed 'Positive Behaviour Support' care plan which focussed on understanding the person and how to respond proactively to the person's needs to increase their quality of life.

Based on our review of our key questions safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The model of care and setting maximises people's choice, control and Independence.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

There were enough staff to keep people safe. Staff rotas were designed around the needs of people which enhanced their social and emotional wellbeing. Robust recruitment decisions were made to ensure staff had the right values to provide safe and empowering support to people.

People and their relatives spoke positively about the leadership at the home. Staff told us they were supported by the registered manager who always listened and acted on any concern. The provider welcomed external scrutiny in order to drive improvements.

The provider and registered manager worked in partnership with other healthcare professionals to ensure people received high quality care.

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

The last rating for this service was good (published 22 February 2019)

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Noble Grange

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an Expert by Experience completed this inspection. One inspector visited the home and one inspector supported the inspection by making telephone calls to relatives to gain their feedback. The Expert by Experience also supported the inspection by making phone calls to other relatives to gain their feedback. 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

Noble Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Noble Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

This inspection was unannounced. Inspection activity started on 26 April 2022 and ended on 29 April 2022. We visited the location's service on 26 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used information gathered as part of monitoring activity that took place on 22 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We also received written feedback from a relative. We spoke with six members of staff including the registered manager, the operations manager, a deputy manager and two support workers. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We spoke to two healthcare professionals about their experience of the care provided and continued to liaise with the registered manager to validate the evidence found during our visit.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and promoted a culture which empowered people to speak up. Concerns were dealt with promptly and included thorough investigations and referrals to external agencies such as the local safeguarding team.
- People and their relatives told us people were safe from the risk of abuse. Comments included, "I feel safe here. No one is horrible to me", "I talk to staff if I'm not happy. They listen. I'm safe" and, "[Person] is totally safe there, and well cared for. We are happy with everything."
- Staff had received training and knew how to recognise signs of abuse. Staff had confidence the registered manager would act quickly to any reported concerns and knew which external agencies to contact if necessary. One staff member told us, "It is my priority to make sure the people who live here are okay, and free from danger of any form. We would recognise changes in behaviour if something was wrong. I would go straight to the deputy. We are encouraged to speak up."

Learning lessons when things go wrong

- The provider promoted a genuine open culture where lessons were learned when things went wrong. One staff member told us how they had recently made a mistake administering a person's medicine and spoke positively about the support they received from management. They told us, "I got the best support ever. I felt awful about it, but they reassured me and thanked me for being open and honest. It wasn't a blame game. It was handled in a kind and professional way."
- Staff understood their responsibility to report and record accidents or incidents. The registered manager reviewed these to identify patterns and trends to prevent re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely.
- Records contained very detailed information about how staff should mitigate known risks. For example, one person received their nutrition and medication via a percutaneous endoscopic gastrostomy (PEG). This is where a flexible feeding tube is placed through the abdominal wall and into the stomach. There was a clear risk management plan to ensure the person was given their nutrition and medication as per their prescription. The plan directed staff on their responsibilities to clean, inspect and manage the PEG to reduce the risk and detect any early signs of infection.
- Some people living at Noble Grange had complex conditions which required very careful and considered care planning to minimise the likelihood of distress. Each person had a detailed 'Positive Behaviour Support' care plan which focussed on understanding the person and how to respond proactively to the person's needs to increase their quality of life.
- Staff proactively anticipated and mitigated risks to people's safety. For example, one person started to

show signs of distress and staff used a relaxed approach to redirect the person onto a new activity with success.

- Environmental and equipment risks were identified, assessed and managed safely. Each person had a detailed Personal Emergency Evacuation Plan (PEEP) to detailed how to support the person in an emergency and regular building safety checks were completed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Reviews were regularly held to review the restrictions in people's care to ensure they were the least restrictive option for people.

#### Staffing and recruitment

- There were enough staff to keep people safe. Staff rotas were designed around the individual needs of the people at the home which enhanced their social and emotional wellbeing. One staff member told us, "The numbers of staff on shift means we can do a lot with people. That's why I do this job. To make their lives better."
- People and relatives spoke positively about the number of staff on shift. Comments included, "There is always someone to take me out and I do change my mind about when I go a lot" and, "There are enough staff and they are well trained."
- Robust recruitment decisions were made to ensure staff had the right values to provide safe and empowering support to people. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. The providers robust systems and processes ensured medicines were ordered, stored, administered and disposed of safely.
- A recent external pharmacy audit awarded the service 100% for safe medicines management.
- There was a clear understanding of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The registered manager ensured people's medicines were regularly reviewed with prescribers. Medicines were reduced where appropriate which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered. Where these medicines were prescribed to relieve a person's distress, records consistently detailed PRN medicine as a last resort and focussed on proactive strategies such as offering a change of environment or activity to support a person first.
- A healthcare professional provided a recent example of where a PRN medication had been prescribed for a specific time of year a person found particularly difficult to cope with. They explained the fact this had not



been administered showed staff were not relying on medication to manage behaviour.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government guidance to facilitate visits between people and their friends and family.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives consistently told us the home was well-led. Comments included, "[Registered Manager] is approachable and if they are not available there are good deputies who are all very good at listening", "I would always feel I could go to [Registered Manager] if I had any concerns at all. He would listen and is very caring. I also have the contact details for the owner who is ok with me contacting him direct if I needed to" and, "[Registered Manager] is nice. He is on a level with me so I can talk to him."
- Staff spoke positively about the leadership at the home. One staff member told us, "They [managers] are really nice to work for. They always pitch in and are inclusive."
- Staff were committed to the providers values which were to provide bespoke, person centred care. One staff member told us, "Our priority is making sure they [people] are living the life they want to. We don't want them to feel indifferent."
- There was strong understanding of each person's needs demonstrated by the nominated individual, operations manager, registered manager and staff team. The nominated individual explained how this was essential in being able to provide consistent and timely support to people when their needs might change.
- The provider welcomed external scrutiny in order to drive improvements. The nominated individual told us, "We are very aware of the work CQC are doing around closed cultures (a poor culture that can lead to harm, which can include human rights breaches such as abuse). We believe it is important to have external people coming. Even the best organisations can form blind spots and by having external eyes coming in, these blind spots can be identified quickly."
- The provider was a committed member of The Restraint Reduction Network which aims to reduce reliance on restrictive practices in health and social care. One of the providers operations managers had the specific responsibility for ensuring any restrictions in people's care were the least restrictive option. This ensured any restrictions were ethical, legal and proportionate.

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 provider and registered manager took their responsibilities under duty of candour seriously and were open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance is well-embedded into the running of the home. Regular checks were completed to identify

and manage potential risks. This ensured the quality of the care being provided to people continuously improved.

- The registered manager understood the regulatory requirements of their role and had provided us, CQC, with notifications about important events and had clearly displayed the rating from the last inspection at the home and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual care reviews ensured people and where appropriate, their friends and relatives were involved in people's care. One healthcare professional told us, "[person's] care is continually reviewed. [Person's] quality of life has much improved. I have no concerns about the care they receive].
- Staff worked in partnership with other organisations to ensure good outcomes for people. We received positive feedback from one healthcare professional who told us, "They are really good at communicating with me and we work together to improve outcomes."
- One person had recent surgery for a complex health condition. Staff pro-actively worked with the local hospital to ensure this was a success. One relative told us, "Staff have developed good relationships with the GP, the district nurses and the hospital staff. They support [person] during hospital visits and admissions very caringly."
- Where people were unable to speak for themselves and did not have an appropriate person to speak on their behalf, an Independent Mental Capacity Advocate (IMCA) was appointed. An IMCA is an advocate appointed to act on your behalf if you lack capacity to make certain decisions.
- Staff were empowered to be involved in the running of the home and regularly offered their input into people's care such as making suggestions to peoples care plans when things changed. The nominated individual told us, "This input, is really valid input because the staff are the first to notice any subtle changes we may need to act on."