

Nobilis Care East Limited

Nobilis Suffolk

Inspection report

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14 July 2022

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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

Nobilis -Suffolk is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 102 people who used the service who received personal care. Nobilis-Suffolk provides a service to people who live in Suffolk and from their satellite branch in Norwich where they also cover areas in Norfolk.

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

Overall people and their relatives were complimentary about their experience with Nobilis-Suffolk and would recommend the service. One person told us, "I would recommend this agency, because the staff are understanding, respectful; always a smile on their faces."

The management and staff worked in partnership with people, relatives and other professionals to achieve person-centred care and good outcomes for people.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

Staff felt supported and valued in their role by the management team and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

People's communication needs were detailed in their care plans. Care plans also detailed people's preferences of support, for example, gender of staff. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt able to raise any issues with the staff and management team and were confident

these would be addressed.

Systems to monitor the quality and safety of the service were in place.

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

Rating at last inspection

The service was registered with us on 14 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 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.

Nobilis Suffolk

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.

Inspection team

The inspection team consisted of an inspector and four Expert by Experiences. 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

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

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 meant they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of this inspection there was a registered manager in post. They oversaw the running of both the Suffolk and Norfolk offices. They were supported by a manager who was based in the Norfolk branch. This was being operated as a satellite branch and came under the registration of Nobilis-Suffolk. The provider had submitted to CQC an application to register the Norfolk service as a separate location and with a new manager.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection.

Inspection activity started on 15 June 2022 when we visited the office. Telephone calls were made offsite to people who used the service, relatives and staff. We had a face to face meeting via Teams with management

on 6 July 2022 and ended on 14 July 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with twenty six people who used the service and sixteen relatives about their experience of Nobilis-Suffolk.

We spoke with the registered manager, the provider's nominated individual, the manager of the Norfolk branch and seven staff. We received electronic feedback from eight members of staff, two relatives and the local authority commissioning team who work with the service.

We reviewed a range of records which included risk assessments, medication records for ten people and six staff records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

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 told us they felt safe and at ease when they received their care. One person said about the staff, "They make me feel safe just by the way they are with me. They have never been late or missed a visit. They are all nice to me and I have no complaints." A relative told us, "I believe my [family member] is in safe hands with their carers."
- Relatives gave examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals if they had concerns. One relative shared, "A carer found [family member] on the floor and called an ambulance, then called me to let me know. They stayed with [family member] till the ambulance arrived. Very lovely carer." They explained how the manager had contacted them prior to the fall as they had, "Noticed poor mobility and realised [family member] needed more care. They even offered to phone the social worker for me."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "People's safety and care are a priority, in addition we aim to make them happy, to feel dignified, to be confident, optimistic and protected." Another member of staff shared, "I always treat people the way I like to be treated. I want everyone I look after to feel safe and listened too."
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- Overall people received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "No problem with time keeping. Never missed a visit. Office will ring and let me know if running late and apologise straight away." Another person shared, "The carers come on time; am very happy with their time keeping, they are reliable and always spend the full time here." A relative shared "[Family member] has to have two carers that come to help with [moving and handling]. They wait for each

other to arrive before they start."

- Staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits since the service started operating.
- The majority of staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly. One member of staff said, "There have been some issues with the coordination of some of the care calls. Think the office had some teething problems with the new system and things were a little jumbled, but it has settled down now and there is a new care co-ordinator who seems to know what they are doing."
- Overall people told us they had consistency of care but not all received a rota and feedback from some was they would like this. The registered manager advised they would contact people to facilitate this.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person told us, "I have my medication with a glass of water that they[staff] get me. They also help put the cream on my legs like the doctor said as this stops them getting sore."
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear their masks, gloves and aprons."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- The management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One person said, "I feel they [staff] are confident with that they are doing and well trained." Another person commented, "Carers have used a hoist in the past. No problems. I felt safe when they used it and they explained throughout what they were doing. Yes, I think they are well skilled and more than capable."
- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "The training and induction was thorough and covered what you need to know to safely care and support people."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I feel supported in my role there are supervisions, team meetings and group chats so we are aware of any changes."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed.

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 on their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person shared, "The carers know my routine. They always ask and don't take anything for granted." A relative shared, "I have heard carers asking permission before giving personal care." Another relative said, "I know they ask [family member] if it's alright to do things for them and never just assume they can carry on regardless and that is how [family member] likes it."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People we spoke with told us they were supported and treated well by the care staff. One person told us, "My carers are polite, clean and tidy. They respect me and my home. It's Brilliant." Another person shared, "They are extremely good people." A third person commented, "My carer is very sympathetic, he always makes me laugh. It's just really nice to have someone to have a laugh and joke with."
- People's relatives were complimentary about the support and care provided. One relative said, "They all seem very caring towards us and always ensure [family member] is happy with what they are doing. They make sure [family member] is comfortable and communicate with them."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "They are all kind to me and try to involve me in what is going on. They are all really nice girls and I am happy to have them here. A relative added, "We are very happy with the staff, they do as [family member] asks and that's how it should be."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "I have been having care for nine years now, and this is my favourite agency. I've got the best carer I've ever had. They're very very good and do everything I ask." Another person shared, "My care plan has just been reviewed over the phone, sometimes [the office] phone up and ask how it is going, or do I need extra help and we go through it all." A relative told us, "Carers are meeting [family member's] needs. Doing all we have asked."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said during personal care the staff, "Always make sure I am covered up in the bathroom, as much as possible." A relative shared, "The carers always close the bedroom door when giving personal care. We have a monitor so we hear the carers chatting away and having a laugh with [family member]."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person said, "The carers encourage my independence but help me too."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us that care staff were considerate of individual preferences, taking account of what was important to the person. One person said, "I won't have male carers and the agency respects that." Another person shared, "My needs are being met. I wouldn't want it any other way." A third person commented, "The carers do what I want; they are good company."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "I let the office know if I notice a person's needs have changed and they need a review. The office arrange for someone to come out and assess the person. This might mean another visit is added or the call time is increased or that we need to get [specialist equipment] to help them. If any changes are made the care plans are updated and we get an update on our phones."
- Care plans reflected their preferences over when and how to be supported. For example, one person's care plan stated, "I prefer to have female carers to support me."
- Relatives shared examples how the service was responsive and reliable and the positive impact this had. One relative commented, "If you leave a message on the phone or via email you get a response." Another relative told us, "I have phoned the agency because [family member] tells me they haven't had a visit and the agency can look on their computer and tell me she has had a visit. It's very reassuring for me."

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.

- The management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "I had one carer I didn't like so the manager came and saw me and now that carer doesn't come." A relative commented, "The

management ring regularly to see how things are going. We have no complaints at all." Another relative said, "I haven't had any concerns or the need to raise any issues so not made a complaint but if I felt the need I absolutely would and know who to speak to."

- A complaints policy and procedure were in place. Records showed where concerns and formal complaints had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

End of life care and support

- People were involved in their end of life care planning, their preferences and choices for their end of life care were clear. A relative shared, "[Family member] is quite happy, we're trying to respect their wishes because they want to die at home and the carers are making sure [family member] is comfortable."

- The service had an established relationship with the GP and relevant healthcare teams, to support end of life care, and pain management where required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall feedback from people who used the service was complimentary about Nobilis-Suffolk. They told us they were satisfied with their care arrangements. One person said, "It is a good service, as it should be." Another person shared, "I am very happy, no improvements needed." A third person commented, "I would recommend the agency, if I wasn't getting good care I wouldn't stay with them." Where people were less satisfied with their experience of the service they were advised to contact the management team to discuss their issues.
- Relatives were equally positive about their experience of the service with one relative stating, "Nobilis provide an excellent service, all their staff are friendly, kind and compassionate with a can do attitude, offering a safely controlled and monitored service to their clients, any issues we have encountered have been dealt with very professionally." Another relative shared, "I would recommend [Nobilis-Suffolk] to anyone. They are all helpful and the management easy to talk to. They are very nice, and I have never had to complaint, they all do their jobs properly. I am happy with them."
- There was a positive and transparent culture promoted within the service. The management team worked closely with staff and listened and acted on feedback from people and their relatives. This ensured care staff were working in line with expectations.
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was an open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were complimentary about working at the service and several described the management team and their colleagues as supportive. One member of staff shared, "I feel my manager is great but it's quite rare I have to speak to them. I felt very supported during COVID and always had enough PPE from the office. The communication was very good." Another member of staff who was new to the care industry said, "[Registered manager] has been amazing. Supportive and encouraging, making sure I'm not working too much and overdoing it. Helpful when I've had queries, been reassuring."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.

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

- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.
- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team monitored the safety and quality of the service. This included regular checks and audits for example, medicine administration, care records and accidents and complaints.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. Feedback from the local authority commissioning teams cited positive working arrangements with the service.