

Nobilis Care Limited

Nobilis Care Oldham

Inspection report

22b Salmon Fields
Royton
Oldham
OL2 6HT

Date of inspection visit:
26 March 2021
09 April 2021

Date of publication:
12 May 2021

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 Care Oldham is a domiciliary service which provides personal care to people living in their own houses and flats. At the time of this inspection the service was supporting approximately 190 people.

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

Systems were in place to recruit staff safely. Staff had awareness of safeguarding and knew how to raise concerns. People who used the service had detailed risk assessments in place about how to keep them safe. Medicines were administered safely and appropriate infection control procedures were followed by staff.

Staff received the training and support they needed to carry out their roles effectively, with regular supervisions undertaken to provide ongoing support. People told us they received appropriate support to maintain good nutrition and hydration. 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.

We received positive feedback from everybody we spoke with about the quality of care provided. Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes.

People who used the service had detailed care plans in place which provided staff with information about the tasks they needed to complete to meet people's care needs. Where any complaints or concerns had been raised, systems were in place to respond appropriately. The service had good links with other organisations when supporting people with end of life care.

Everybody we spoke with said the service was well-led. Staff felt well supported to undertake their roles and there were appropriate systems in place to monitor the quality of service provided to ensure good governance. Feedback was sought at regular intervals to enable the service to continually improve.

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

Rating at last inspection and why we inspected

This service was registered with us on 29 June 2020 and this is the first inspection we had undertaken at this location.

Follow up

We will continue to monitor information we receive about the service until we 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.

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 Care Oldham

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 was carried out by an inspector and an 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 Care Oldham is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to obtain contact details for people who used the service and their relatives so we could seek their feedback about the quality of service provided.

Inspection activity started on 26 March and ended on 9 April 2021. We visited the office location on 29 March 2021 to see the registered manager, review care records and other records related to the running of the service.

What we did before the inspection

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 prior to the inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers. We reviewed a range of records. This included seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of other records relating to the management of the service and this was done both at the service location and remotely.

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

- Systems and processes were in place to protect people from the risk of harm. Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service.
- A safeguarding policy which was available to staff and covered key areas, for example how to identify and report abuse or neglect.
- People who used the service and their relatives told us they felt the service was safe to use. One person said, "Yes, they always ask if I am ok." Another person added, "I do feel safe yes. They are very good with me."

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

- Risks to people's safety were identified and managed well. People had a range of risk assessments in place covering areas such as both the internal/external environment, moving and handling, hazardous substances, electrical appliances and fire safety.
- Some of the care plans we looked at made reference to risks which were not always covered within individual risk assessments. We provided this feedback to the registered manager, who gave us assurances that these would be updated.
- An accidents and incidents file was kept which included a log of any incidents and the action taken to reduce the potential for a re-occurrence.
- People told us they received appropriate support if they ever had a fall, or needed help to re-position themselves to maintain good skin integrity. One person said, "Yes, they help me to move around and I am comfortable." Another person said, "I had a fall four weeks ago. The carer was here at the time. They sat me up and put me in the chair, but I was okay."

Staffing and recruitment

- Staff were recruited safely, with appropriate pre-employment checks undertaken to ensure they were suitable to work with vulnerable people.
- There were enough staff to meet people's assessed needs and the feedback we received was that care visits were usually on time, with staff staying for the duration of the visit. One person said, "They do arrive on time yes. They are brilliant."
- Staff told us their weekly rotas were well managed, with sufficient travel time factored in to ensure they could be on time for their next care visit.

Using medicines safely

- People's medicines were managed safely and people were encouraged to take their own medicines where appropriate. One person said, "I have a blister pack and the staff watch me do it. I do my own insulin too." The service had a policy in place relating to the safe administration of medicines.
- Records confirmed staff were trained to administer medicines, with competency checks carried out to ensure this was done safely. People's medication administration records (MARs) were accurately completed to confirm medicines were given correctly.
- People who used the service told us they had no concerns about how their medicines were administered. One person said, "Yes, no problems."

Preventing and controlling infection

- Staff were aware of how to prevent and control infections and told us they always had enough PPE available. People who used the service confirmed this was always worn during care visits.
- Relatives spoken with told us they were satisfied with how the service had coped during the COVID-19 pandemic. One relative said, "Fantastic. I am a neurotic daughter and I wanted to know what was being put in place. Regarding PPE, felt very comfortable with the way they are dealing with it."

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's needs were assessed and regularly reviewed as and when required if a change occurred. Daily records were also maintained by staff, which detailed the type of care people had received.
- The feedback we received was that the assessment process consisted of a multi-disciplinary approach to ensure people's care needs could be met. One person said, "There was an assessment, but my daughter handles it for me." Another person said, "Social services were very involved."

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs. Staff told us they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us, "Overall there is enough provided and if we needed more, we could ask the manager."
- Staff completed an induction when they first began working for Nobilis Care and this provided them with an overview of working for the service and the requirements of their role. The care certificate was also undertaken by staff who may not have worked in a care role previously.
- Regular ongoing supervision was provided for staff to support them in their roles. One member of staff said, "They do take place and we are in touch with the office most weeks to keep up to date."
- People felt staff had the correct skills and were competent in their roles. One person said, "Yes, they know what they are doing and they don't mind if I ask questions."

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

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area, with support provided dependent on the person's requirements.
- People told us they received appropriate support to eat and drink, as did their relatives. One person said, "Yes, the staff make me my breakfast. My daughters get the food in and they heat it up for me." Another person said, "Yes, they feed me and prepare the meals. They blend it and put in the thickeners."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 registered manager and care staff were working within the principles of the MCA.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- Where people lacked the capacity to make their own choices, correct procedures were followed such as liaising with families and relevant healthcare professionals to enable help make safer decisions about their care.

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans and professionals' contact details were included in people's care records, such as doctors.

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

- Everybody we spoke with, including people who used the service and relatives provided positive feedback about the care provided. One person said, "I wouldn't swap them for the world." A relative also commented, "They are fantastic and I don't say that lightly. They actually care. It's not just a job to them." Another relative commented, "Its good and they never miss anything."
- The Nobilis Care staff team were described as being kind towards people and always treated them with dignity and respect whilst also promoting their independence. One person said, "Very helpful and friendly, they would do anything for you." Another person added, "They brighten my day."
- People told us staff always treated them with dignity, respect and promoted their independence. One person said, "I am incontinent, when I have an accident they never stop looking at my face. Even though I am not embarrassed with them, they make me feel comfortable and talk to me and my face not my body." Another person said, "Yes they do encourage me. They say I'm too independent."

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

- People who used the service told us they were involved in the care they received and were involved in decisions about how their care was delivered. One person said, "Yes, they always ask what I want." Another person added, "When they come they ask how we are and are always check what I would like doing."
- Review of people's care took place and this presented people who used the service and their families to discuss how their care was progressing and make any changes. One relative said, "Yes, I've been to a review on numerous occasions."

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; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they received personalised care and that the service was responsive to their needs. One person said to us, "Very responsive. They know all about me and are very good." A relative added, "They do speak to us and tell us what is going on, so in that sense they do their job well."
- Each person had their own care plan in place, with a copy held both at the office and in their own home. We looked at seven care plans during the inspection and found they provided staff with an overview of the care people needed to receive. Person centred information was also provided about people's life history such as previous employment, hobbies/interests and details about their families.
- People were supported to maintain relationships with their relatives during the COVID-19 pandemic. For example, sending daily updates/text messages to family members about their health and well-being.
- The service had not yet been operating for 12 months at the time of our inspection and due to the COVID-19 pandemic, supporting people to attend activities in the community to reduce social isolations had been limited. We will report on this area further at our next inspection of the service.

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 registered manager was aware of the AIS and the service could provide adapted information for people and information in different formats such as large print. Interpreter services could also be accessed as needed for people who may speak a different language. The internal databased used by the service also translated language, font and text to accommodate people with specific requirements.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The service had a complaints policy in place and a record of any complaints made and responses provided. The people we spoke with during the inspection told us they had not had to make a formal complaint however.

End of life care and support

- At the time of the inspection no-one was at the end stages of life. The service had end of life care assessments in place to use as needed and worked closely alongside other organisations such as the Clinical Commissioning Group (CCG) and hospital teams.

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; 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

- It was clear from our discussions with staff, there was an open and supportive culture within the service. Staff told us they enjoyed working for the service and were satisfied in their roles. One staff member told us, "I love it. I have not worked in care before, but I am really enjoying it. Staff work well together and we have a good routine." Another member of staff said, "They are brilliant to work for and I love the job. I get on with everybody and we all work well together."
- Feedback from people using the service, relatives and staff about management and leadership was positive. One member of staff said, "It is 100% well managed. Very easy to communicate with and we hit it off from day one. The manager is there for me every step of the way." Another member of staff added, "I think the manager is excellent. We get put forward for lots of training and qualifications."
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- Additional governance systems were also carried out and included spot checks/observations of staff carrying out their work and competency assessments of areas such as medication and moving and handling.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.

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

- Feedback was obtained from people and their relatives as part of the process of care planning, care reviews, ongoing feedback and formal questionnaires/surveys.
- Team meetings took place and gave staff the opportunity to discuss their work and provide feedback about any potential improvements.
- The service worked in partnership with other organisations well. Records showed a multi-disciplinary

approach in meeting people's needs to ensure better outcomes could be achieved.