

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 21 June 2016 and was unannounced. This is the first inspection of this service following its registration with us.

Noble Care is a provider that offers specialist support for people with learning disabilities, autism and other complex needs. Noble Grange provides accommodation, personal care and support for up to seven people who have autistic spectrum disorders and a learning disability and / or mental ill health diagnoses. Seven people lived at the home on the day of our inspection visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff put people at the centre of the service. The provider's values and vision for person centred care and support were understood and shared across the staff team. Staff received training in core care practices and specialist training in managing behaviours that challenged, and in understanding autism which gave them the skills they needed for their job role.

People had been involved in planning their care. Staff were very knowledgeable about people's needs and were able to effectively support these. Additional training took place to update and refresh staff skills and knowledge. Staff said people's care plans provided them with detailed information they needed to support people safely and effectively.

Staff knew people very well. They knew how to maintain a calm environment and recognised trigger factors that might increase people's anxiety levels. This knowledge enabled staff to divert and de-escalate any anxiety and reduce the potential for incidences of behaviours that challenged.

People had structured routines which met their individual needs. These included activities and time to spend alone which people wanted.

People were involved in menu planning and had choices about food and drink. People said the food was good.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and worked within the principles of this. Management had an understanding of the Deprivation of Liberty Safeguards (DoLS). Health care professionals were involved in people's care and support and staff followed guidance given by multi-disciplinary team professionals. People's care and support was reviewed when required and planned reviews also took place. Staff supported people to access healthcare appointments to maintain their wellbeing.

Staff understood their responsibilities to keep people safe and protect them from harm. Policies and guidance were accessible to staff to remind them how to raise concerns following the provider's safeguarding and whistleblowing policies. Risks to people had been assessed. Staff were trained to support people to live as independently as possible and manage any that could present a risk of harm or injury to people or others. For example, with cooking.

There were sufficient numbers of skilled staff on shift to keep people safe and meet their needs. Shifts were planned in a way so that staff changes were minimised which people preferred.

People had their prescribed medicines available to them and staff supported people to take them safely. Staff received training in the safe handling, administering and recording of people's medicines.

People said staff were kind and respectful toward them. The provider sought people's feedback about the service. People told us they felt they could raise concerns or complaints if they needed to. The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. Where improvement was needed, action was taken. The provider was a member of a number of organisations that supported their best practice, such as the British Institute of Learning Disabilities (BILD). The senior manager informed attended Care Provider forums across the Midlands, including Transforming Care, to exchange information and best practice.

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.

Staff understood their responsibilities to protect people from the risk of abuse. People felt safe living at the home. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing and those around them. Shifts were planned to safely and effectively meet people's needs and communication between staff was good, so that people's safety was maintained. People were supported with their prescribed medicines from trained staff.

Is the service effective?

Good 

The service was effective.

Staff were trained and knew people well so that they could effectively meet their individual needs and reduce incidents of behaviours that challenged. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before supporting them with various tasks. The managers understood and worked within the remit of the Deprivation of Liberty Safeguards. People had choices about their food and drinks. Staff referred people to healthcare professionals when needed and worked closely with healthcare and other professionals involved in people's care and support. The home was purpose-built to meet the individual needs of the people living there.

Is the service caring?

Good 

The service was caring.

People told us that staff were kind and caring. Relatives and visiting healthcare professionals described staff as friendly and welcoming. Staff respected people as individuals and maintained their privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning their care and support. People's care plans were detailed, personalised and contained information to enable staff to work with people to minimise their anxiety. Staff knew how to respond to people and de-escalate behaviour that challenged. Incidences of behaviours that challenged had significantly decreased because staff used their skills and knowledge to effectively respond to people's needs. Staff encouraged and supported people with their agreed structured routine and planned activities. People knew how to raise a concern or complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

The home had a positive culture and staff were supported in their job role to be person centred, inclusive and empowering toward people who lived there. People were encouraged to share their views and give feedback on the quality of the service. The provider had systems to monitor the quality of the service provided to people and took action where improvement was needed. The provider was a member of organisations that supported and shared good practice.

Noble Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2016 and was unannounced. The inspection was carried out by one inspector.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We spoke and spent time with, all of the people that lived in the home, and spoke with four relatives. We spoke with three support workers, one senior support worker, the deputy manager, registered manager, the head of care referrals and the senior manager.

We reviewed a range of records, these included two people's care and medicine administration records and four people's risk assessments. We reviewed staff training, team meeting records, quality assurance audits and action plans to address issues identified where improvement was needed.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I am safe. I like it here." Staff understood their responsibilities to protect people from the risk of abuse and knew how to raise concerns if needed. One staff member told us, "We have completed safeguarding people from abuse training. I've never had any concerns here, but if I did, I would tell the manager. They would listen and do something. But, if I was worried my concerns had not been listened to, I'd go further and report to the local authority and CQC." Another staff member said, "We can access the policies in the office which tell us what to do, there are details there about who we should contact if we had a concern."

The provider minimised risks of harm and injury to people and others. People's individual risks were assessed and their care plans described the actions support workers should take to reduce risks. One staff member told us, "People living here have previously shown high levels of behaviours that challenge and those behaviours have the potential to cause injury to themselves and other people, so we always follow their risk assessments." Prior to our inspection, the registered manager had informed us of an incident where a person had injured a staff member. We looked at this person's risk assessment and found that, since the incident, further safeguards had been put in place to reduce the risk of harm and injury to people.

The provider ensured the premises and equipment was safe for people to use. One person told us, "I do a bit of cooking. Staff help me." One staff member told us, "The managers assess people to decide if the kitchen is a safe environment for them. Some people are supported by one or two staff with cooking, but a few people must not have access to anything sharp. If we are not using the knives, they are locked away so people can then use the kitchen if they wish to." Another staff member told us, "People can access the kitchen, for example to get a cold drink, most of the time. But, when we are using knives for meal preparation or we have saucepans on the cooker, the kitchen is locked for safety."

One person told us, "I can smoke in the garden," and a staff member added, "People that smoke cigarettes are always supported to do so, by staff, in the garden." People who smoked had been involved in, and agreed to their risk assessments, which included staff storing their cigarettes and lighters in a secure place. We saw when people asked to smoke, staff support was given at the time of the person's request.

People said they could spend time in the garden but staff had to be with them. The senior support worker told us, "Some people that live here are at risk of leaving the home on their own and this would not be safe for them, and may also present a risk of harm to others." We saw the garden was not secure due to building work that was taking place, however when people wished to spend time outside, staff were available to support them. The head of care referrals, explained to us, "When this land was purchased by Noble Care, the development of the site was split into three phases. Phase two is the current building work of three bungalows. We have kept people that live here informed about the work and the reasons for needing to take extra safety measures when outside. The building work is due to be completed by the end of August 2016."

Staff knew how to deal with an emergency, such as a fire in the home. The senior support worker told us, "People have personal emergency evacuation plans (PEEPS) which tell staff what support people might

need." One person told us, "When the fire alarm goes, staff take us outside. We practice."

Staff were not provided with first aid training that gave them the skills and knowledge to deal with certain incidents. Staff said they had watched a first aid awareness DVD but staff did not have the knowledge to deal with, for example, a person scalding themselves or a skin laceration from a behavioural incident, that required first aid. Staff told us they would seek professional help by calling 999 if needed. We discussed this with the registered manager, head of care referrals and the senior manager. The senior manager told us, "We will look at first aid provision and training to ensure a staff member on each shift is competent to deal with any first aid emergencies that might arise and keep people safe." Following our inspection, we were sent an action plan telling us what improvement was planned and this included more detailed first aid training for staff.

People told us there were enough staff on shift and we saw enough skilled staff were on duty to keep people and others safe. One person's relative told us, "I've no concerns about staffing, there are enough staff whenever I have visited, and they seem to have the skills they need. Previous to living at Noble Grange, my family member had very destructive behaviours and these have reduced. I feel they are safe there."

One staff member said, "One of the reasons communication is good here is because of how the shifts are planned. Staff do 12 hour day or night shifts here because this works out much better for people living here, giving them consistency of staff and communication throughout the shift. Changes of staff during the day would create anxiety and be a trigger to people's challenging behaviours."

In line with people's risk assessments, trained staff managed people's medicines and supported them to take their medicines when needed. One person told us, "Staff give me my pills." Staff told us they had received training to administer people's medicines and we saw information was available to staff to inform them what health conditions people's medicines were prescribed for. We saw one staff member take medicines to people and supported them to safely take their tablets. We looked at two people's medicine administration record (MAR). These showed people had received the medicines prescribed to them. We found medicines safely stored in the home. Some people had medicines 'as required' such as for pain relief. Information was available to staff to tell them when people's 'as required' medicines should be given.

Is the service effective?

Our findings

People told us they felt staff had the skills they needed for their job. One person told us, "Staff are very good." Another person said, "Staff always help me here." One person's relative told us, "My family member cannot cope with being overloaded with too many activities; this would cause them to become anxious and have challenging behaviour. Staff have the skills to understand this and provide them with a structured routine that includes times of no activities."

One staff member said, "I have recently started here and have a detailed induction plan with a mentor, which is really good. I've also started the Care Certificate." The Care Certificate was launched in April 2015 and replaced the previous social care induction training. The Care Certificate helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours enabling them to provide high quality care.

The senior manager informed us they were a member of the 'Crisis Prevention Institute' which provided the 'Management of Actual or Potential Aggression' (MAPA) training to staff. The MAPA training programme delivers comprehensive training that teaches staff the management and intervention techniques to cope with escalating behaviour in a professional and safe manner. Staff told us they received the training they needed for their job role and this included specialist training to manage behaviours that challenged. One staff member said, "We all do MAPA training, but it is rare that we need to use physical intervention with people because we know people well and what can trigger challenging behaviours, so we work to avoid people being exposed to those trigger factors. The training is good as it teaches us to recognise individual trigger factors." Staff received autism awareness training and in addition to this, the senior manager informed us of plans for staff to complete a learning package from the National Autistic Society so that people's care and support was based on best practice.

Staff told us their knowledge and learning was checked through a system of supervision meetings, observations to check their competencies and staff team meetings. The registered manager said, "I have a schedule of when I complete staff supervisions and competency checks, but I also work alongside staff as well and would address anything with them at the time." Staff told us they felt their team worked well together with good communication.

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member told us, "I gain people's consent by explaining what I am doing clearly in a way they understand, I never force people to do things."

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 Deprivation of Liberty Safeguards (DoLS). The registered manager informed

us that four people had a DoLS in place and all the staff were able to tell us which people these were. Staff told us they had received training on DoLS and were able to explain what this meant. One staff member said, "It is for people's safety and the safety of others."

We saw that the front door had a key coded lock for both security and to restrict some people from leaving alone. People that did not have a DoLS in place told us they went out with staff members. One person told us, "I go out with staff. This is what I want."

People contributed to menu planning and enjoyed the food provided. One person told us, "We can say what foods we like for the menu. The food is good." One staff member explained at 'resident meetings,' people were invited to contribute ideas for meals to be included on the four- weekly rolling menu. The menu was in pictorial format and was displayed so people could see what meals were planned for the day. One staff member said, "Although we have the menu plan, it is flexible. For example, it is tuna pasta later and one person does not like any sauces in their food, so we prepare theirs in a way they can enjoy it." Another staff member told us, "We offer choices but also try to encourage healthy eating and drinking."

People were supported to maintain their healthcare needs and had access to healthcare services. One person told us, "Staff took me to the doctor" and a staff member explained that this person had not felt well so had been supported to attend their appointment. Staff worked closely with other healthcare professionals and people's care records showed involvement from learning disability nurses, mental health professionals, music therapists and people's social workers.

The registered manager told us people were encouraged to attend well woman and well man health checks whenever possible but these and other health care appointments caused anxiety to people. The registered manager told us staff worked towards de-sensitising people so that, for example, they could agree to have a blood test that was needed. One person had been very anxious about having a blood test, however, they were able to agree to this after six months during which staff worked on reducing their level of anxiety.

The registered manager told us that Noble Care had given in-depth consideration to the design and decoration of the home and what would be most effective in meeting people's needs. The senior manager and head of care referrals explained that the site was purchased for development and they met with the local community and neighbours to inform them of their plans. The senior manager told us, "From the outset, this has helped us become an effective part of the community."

Is the service caring?

Our findings

People told us they were happy with their care at the home. One person told us, "Staff are friendly and happy." Relatives told us they felt the care provided was good. One relative said, "Noble Grange is good. Staff are caring and kind."

One person told us, "It's a nice home," and we saw feedback from visitors including healthcare professionals who commented on the home having a 'lovely environment with friendly staff' and being 'well designed for people with autism'. Staff told us they felt the home had a positive atmosphere, one staff member said, "It's a lovely home to work in and care for people here because it provides everything they need."

A pictorial guide to 'Noble Care Principles' was displayed in the home to tell people about the care they could expect and also how to respect one another. One staff member told us, "It is important that we role model caring behaviours because people that live here might find it hard to be kind or considerate to one another."

We saw positive caring support towards people who were listened to by staff. Staff took their time with people and were patient. For example, staff gave people who found verbal communication challenging, time to respond to a question. Staff showed they valued people when they asked their opinions or for their consent, such as asking one person if they would like to show us their bedroom.

One staff member complimented one person when they returned home having had their hair cut. We saw this person smiled when complimented and was later supported to email a photograph of themselves to their relative. One staff member told us, "This person likes to maintain relationships with their siblings, though sometimes finds talking on the telephone difficult, so they were supported to buy an electronic tablet so we can support them to Skype and email and send photos." This person's relative told us, "Staff involve my family member in keeping in touch and communication has been good."

People's care plans were pictorial and information was presented in a way that people could understand. Care records showed people had been involved in making decisions about their care and support.

People were respected by staff and their privacy and dignity was maintained. Some people choose to have bedroom door keys and could lock their bedroom. One person showed us their key and said, "I keep this in my pocket and can lock my bedroom door if I want to." We saw staff knocked on people's bedroom doors and waited to be invited in.

One person told us, "My parents come here to see me. They can bring my dog to see me. It makes me happy that they can come. Staffs take me to visit them as well. It is very good." Relatives told us they were always welcome and there were no restrictions on visiting. One relative said, "The staff help my family member to phone us twice every day, and we also visit and are made to feel welcome."

Is the service responsive?

Our findings

One person described living at the home as, "Excellent, because staff understand me." People said staff always met their individual needs and relatives told us they felt the service was excellent. One relative told us, "My family member went to live at Noble Grange, having experienced failed placements elsewhere and being admitted to acute services as well. My family member is now settled and happy at this home where their needs are responded to in an effective and understanding way." Another relative said, "The managers and staff are excellent. They look after our family member and manage their behaviour brilliantly."

We observed positive supporting relationships between managers, staff and people who lived at the home. The senior manager and head of care referrals were at the home on the day of our visit and we saw they knew people well and people were relaxed with them. The head of care referrals explained the first person moved into Noble Grange in October 2013 when the home first opened, and the last admission was October 2015. They told us they had deliberately took their time in moving people into the home to ensure people got on with each other and anxiety levels were not increased.

People were involved in planning their care and support as much as they wished to be. One person said, "Staff ask me if I want to say anything about my support. They ask me if everything is good." One staff member told us, "People's care plans are always accessible for us to read. I find them useful and detailed. They provide staff with details about people that they themselves might not be able to communicate to us but are important so we can understand them as an individual." Care records were detailed and informative and showed evidence that they were a working document. For example, we saw risk assessments had been reviewed and updated when needed and in response to changes in a person's support.

During our visit we found out one person had their 'guardianship meeting'. Guardianship is used to encourage people who live in the community to use services or to live in a particular place. It is often used with people who lack the mental capacity to avoid danger or being exploited, but can also be used for people with mental capacity who are considered to be vulnerable because of their mental health problems. The person told us, "Today, the manager helped me a lot in my meeting." The registered manager told us, "A guardianship meeting can be quite intimidating and we wanted to ensure this person understood this meeting was about them and for them to be as in control as possible." The registered manager showed us information they had used to inform this person about their meetings which were in a format they understood. The registered manager said, "It has taken over a year for this person to grasp what these meetings are about and to take control of them as they did today."

Care planning was centred on the individual and in line with health care and other professional involvement with people, such as consultant psychiatrists. Staff had an excellent understanding of the importance of structure and routine to reduce the risks of anxiety for people who had autism. They showed us each person had their structured routine displayed for them in a format that they understood. One person had a pictorial guide of 'important things to do' in their bedroom. We saw people look at their structured activity plans displayed in the computer and activity room of the home to check what was happening. One person told staff, "its art and craft. Then foot spa." Displaying people's activity plans enabled them to independently

check and gain the information they needed as many times as they wished to do so.

The registered manager informed us that they and the staff team recognised the potential impact on people's anxiety and their behaviour when visitors arrived at the home. The registered manager told us, "We were expecting an inspection from CQC this year and wanted to prepare people for this, by talking about what the visit was about." The senior manager showed us a booklet they had made for people in a format they would understand. When we arrived at the home, we told people who lived at the home who we were and why we were visiting. Throughout our visit, people remained relaxed with us and were interested in what we were doing. This meant staff had prepared people for our visit and other visits that might take place from healthcare professionals at their home so that their anxiety was reduced.

Staff told us they encouraged people to build and maintain links with their local community by using local facilities. Two people told us they had enjoyed a cooked breakfast at a community café today. One person said, "I go to Church," and staff explained this person was supported to attend services at a local Church. One person told us they enjoyed 'local pub meals' and another person said, "I have been to the college," and staff explained it was this person's first experience of using a local college to attend courses that interested them.

The registered manager said, "Neighbours know us and we are all on first names terms. Staff support one person to go to the local betting shop and other people are supported to use the local shop. One neighbour brought us some home-made marmalade."

Staff encouraged people to be involved in 'resident meetings' which were offered so that people could discuss issues such as menu planning and keeping the home clean and tidy. Some people told us they attended and the meetings were useful. Staff said a few other people did not like group meetings, but preferred one to one meetings with a staff member.

One person told us, "Staff ask me how my day was." Staff told us towards the end of the day, each person was offered the opportunity to have an individual meeting with a staff member. The registered manager explained these meetings were offered to everyone and gave them an opportunity to say what they had done, how they felt, and if they wanted anything to change with their support. The registered manager said, "Some people decline the offer of the meeting and we record this, but others might find it useful. Often they are a short conversation but we want people to know they are valued and matter to us." The registered manager informed us people's feedback from individual meetings was used by staff to assess whether individual needs were being met on a daily basis and following best practice, whether any changes might be needed. The daily one to one meeting offered to people included questions about how they were feeling about the day. If a person had become anxious about something, staff considered whether this could have been prevented or whether their anxiety might be an indicator of a decline in their mental health and require a multidisciplinary team review of their care needs.

The registered manager told us staff supported people to create individual 'newsletters' which highlighted the person's achievements. They told us some people shared their newsletters with their family as a means of telling them what they have been doing." This empowered people and promoted an inclusive approach to their support.

Staff informed us they felt the design of the home contributed to the effectiveness of people's care. One staff member said, "People with autism need space and this home gives them that, with large bedrooms and spacious communal areas. Staff can be more effective in responding to people because the facilities support that here." One person told us, "I have a big bedroom. I like it. I spend a lot of my time here because I am

happy in my bedroom." Noble Care entered the home in the 'Best Design for Younger Adults' category of the Pinders National Healthcare Design Awards. The Pinders Awards aim to promote and recognise the very best developments in care home design. Noble Grange was specifically designed for people with autism and this was recognised with them being awarded second prize in the national award.

People told us that they had no complaints about the staff or the care and support they received at the home. One person told us, "I have no complaints about anything here." Another person said, "If I had a worry, I would tell staff." The registered manager showed us information about 'how to complain' in a format that people understood and was shared with them. Relatives told us they had not needed to raise any concerns or complaints. One relative said, "If I had any issue at all, I'd speak with staff or the manager."

Is the service well-led?

Our findings

People told us they knew who the registered manager was and felt they were approachable and listened to them. People and relatives felt happy with the quality of the service. One person told us, "This is my home. I'm safe and like it. Everything is very good."

The senior manager informed us that they were a member of the British Institute of Learning Disabilities (BILD) and used best practice guidance to support staff to value people who lived at the home. BILD help develop the organisations that provide services to people with learning disabilities, and the people who give support. The senior manager also informed us they attended Care Provider forums across the Midlands, including Transforming Care, to exchange information and best practice. The Transforming Care programme aims to improve services and support for adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The registered manager told us they felt supported by the senior manager and said, "They often visit the home and get involved with things people do, such as a recent cake 'bake off' we did." Photographs of the day were shared with us and we saw the senior manager presented one person with a certificate in recognition of their 'bake off' achievement.

Staff told us they felt there was a positive culture within the home and we observed this during our visit. People were relaxed with staff and the management of the home. Staff understood the vision of the home. This was to offer a safe, calm and person centred home for people with autism. Staff said they felt 'totally supported' in their roles. The senior carer told us, "I am quite new in post as a senior and am taking on new tasks, the manager and deputy manager are always there to guide me and support me in everything." Another staff member said, "We are a good staff team and well supported by the manager."

Systems were in place to monitor the quality of the service and included asking people, relatives, staff and visiting healthcare professionals about their experience of the service. People told us staff asked for their feedback on a daily basis and any issues raised were acted on straight away. One person told us, "I said I'd like more sausage rolls on the menu and they did this." The registered manager told us they read all feedback received and took action to improve the quality of the service. We looked at feedback surveys and saw positive comments were given about the home environment, the staff and support they offered to people.

The registered manager had a planned schedule of audits which were undertaken by the management team. The registered manager told us they checked the audits to ensure any improvements identified had been acted on and implemented. We saw the most recent infection control audit, environmental health audit and medicines audit, all showed no actions were required.

The deputy manager said as good practice the provider asked a pharmacy to undertake two medicine audits a year and we saw the last one recorded 'no action' for improvement was needed.

The operation's manager undertook checks as a part of their 'provider visit.' We looked at their May 2016 report and actions for improvement had been identified. These included implementing 'best practice' for

two staff members, instead of one, to check people's personal money on a daily basis. Whilst no problems with people's money had been found, the registered manager told us they agreed 'best practice' would further reduce risks of financial abuse. The action plan recorded when improvements were implemented and we saw all actions from the May 2016 report had been addressed.