

Nobilis Care East Limited

# Nobilis Northampton

## 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

Nobilis Northampton is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 45 people were receiving personal care. 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.

Everyone, except one person, was very satisfied with the care that staff provided and with the management of the agency. They said safe care was provided, with people protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service. Enough staff were employed to meet people's needs and timely calls were in place to provide personal care. Quality assurance systems were in place to try to ensure people were provided with a quality service.

People were largely protected against the risk of infection, though the registered manager had to remind some staff to continue to wear masks.

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 told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said staff fostered very good relationships with them.

Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way. Relatives were aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager always listened to their views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

This was a planned inspection.

#### Rating at last inspection

This service was registered with us in August 2021 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Nobilis Northampton

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### 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

We gave the service two days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 8 July 2022 and ended on 12 July 2022. We visited the office location on 11 July 2022. .

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided to them. We spoke with three care staff members, the registered manager and provider's head of operations manager. We reviewed a range of records. This included three care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and amendments to procedures.

# 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.

### Preventing and controlling infection

- People were not always protected from the risk of infection.
- People told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, though two people said staff had not always worn masks when providing personal care. This issue was swiftly followed up with staff by the registered manager.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

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

- People were protected from the risk of abuse.
- People told us they felt safe with staff and there was good protection from the risk of abuse. One person said that a staff member was not always gentle when there was a transfer between bed and chair. The registered manager followed this issue up with the staff member.
- One person said, "There is never a doubt that I am kept safe by staff."
- Staff demonstrated they understood how to safeguard people. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including reducing the risk of pressure sores developing and assisting people with their continence needs.
- Assessments included an environmental risk assessment which identified and managed risks in people's homes.

### Staffing and recruitment

- Safe recruitment practices were in place.
- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff. These checks help prevent unsuitable people from working with people who use the service.
- Care plans identified the number of staff required to deliver care safely.

- Sufficient staffing was always in place according to people. There were no missed calls reported.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- Records showed a small number of lessons learnt with regard to medicine and staff training.
- This learning had been shared with staff.

#### Using medicines safely

- Records showed prescribed medicine had been supplied by staff.
- People told us they had either received medicine from staff or that staff had checked that they had taken their prescribed medicine.
- The medicine policy supported people to receive their medicines in the way they preferred.

# 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.

Staff support: induction, training, skills and experience

- Staff had received training and support appropriate to their role.
- People said staff were aware of what care was needed and staff appeared well trained in providing the personal care they needed. One person said, "Staff are well trained. They know what they are doing."
- Records showed staff had received induction and training. This included important issues such as manual handling, infection prevention and control, and personal care. The registered manager said staff were encouraged to take vocational courses or the Care Certificate, which is a nationally recognised training programme of important care issues.
- Staff told us the training made them feel confident to meet people's needs. They said they received very good support from the registered manager. Supervision had taken place with staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before care was provided. This helped to ensure there were sufficient staff to provide the care and support needed.
- All people using the service, except one person, said that there had been no problems in the care provided by staff. They thought care plans included all their needs and said staff had provided effective care.

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

- People were assisted to eat and drink enough to maintain a balanced diet.
- People said staff had provided food and drinks and there had been no issues. Care plans had included people's preferences such as how much sugar they wanted in their drinks.
- They said staff were helpful and they were able to choose what food they wanted to eat.

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

- The service were aware of the need to work collaboratively with other agencies to understand and meet people's needs.
- People said staff had covered health care needs. A person told us they had fallen and staff reacted quickly by calling the ambulance.
- Assessments and care plans set out people's health care needs.
- Staff told us they would contact relevant professionals if people needed health or social care support. A staff member said that they had reported to the registered manager about the need for a sling to be changed so that it fitted the person when carrying out transfers. The registered manager had acted on this

and the person received safer equipment as a result of this action.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 service was working within the principles of the MCA.
- Staff made sure that people were involved in decisions about their care so that their human rights were upheld.
- People's mental capacity was assessed when required and recorded in their care plans. People were able to decide their day-to-day choices.
- People said they had been involved in discussions about their care needs.
- Staff said that they always sought people's consent to personal care and explained what they were going to do before personal care was supplied.

# 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 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

- All people except one person said staff were very friendly and caring. A person told us, "Staff are very good. They are friendly and we always have a chat."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's individual needs.
- People told us staff respected how people wanted to live their lives.
- The registered manager and staff understood that it was important to respect people and their diversity.

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

- People said that they had been involved in the planning of the care. Records confirmed this as people had signed their care plans.
- Staff were aware of how people wanted to receive their care. For example, people chose what clothes they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted privacy and dignity when providing care. Staff gave examples of how they would do this such as closing doors and covering people when providing personal care.
- People said staff respected their independence. Staff said they always encouraged people to be independent and would only provide support when needed. For example, if people were able to wash themselves, staff would respect people's independence. One person said they were able to wash their own face and staff left them to do this.
- Staff were aware of the need to keep information safe and confidential. The provider had a robust confidentiality policy in place to ensure people's information was not shared without their consent.

# 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's care was personalised. For example, a care plan stated; "I like my TV book turned to the correct page." People had choice and control over the way their care was provided.
- People told us staff respected their wishes on how they wanted their care to be provided.
- Care plans included people's preferences. It included information such as their family history and religion, hobbies, interests, likes and dislikes.
- A person said, "Staff know me and how I like things to be done, and they do them."

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 putting systems in place when needed, such providing information by large print, audio or pictures.
- People said staff were good at communicating with them.
- There was evidence in care plans of people's communication needs.
- The registered manager said that the service user guide could be translated into people's first languages if this is what they wanted.

Improving care quality in response to complaints or concerns

- Care quality had been improved by the registered manager taking action after a complaint had been made.
- A complaints policy and procedure was in place so complaints could be recorded and formally dealt with. However, the procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The procedure also stated that complaints had to be in writing. The operations manager said this would be reviewed, as it could exclude people who could not write but who had a complaint.
- People told us they had no concerns but they knew they could contact the office and discuss issues with the registered manager if needed. This is because they found the registered manager was helpful and responsive.

# 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.

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

- The registered manager promoted a positive culture that was inclusive and empowering which achieved good outcomes for people.
- Audits and checks had been carried out to check the service met people's needs. Surveys were positive about the standard of care provided though a small number of actions did not show evidence they had been progressed. The registered manager said this would be followed up and carried out in the future.
- People told us that staff provided care that met their assessed needs. A person said, "The staff I have does everything and are really friendly. Makes me feel good."
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people.
- Staff said they were provided with good support from the registered manager. Staff told us they were thanked for the care they provided to people. This was reflected in the minutes of staff meetings.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the needs of their staff team.
- Processes were in place to measure quality performance. These included checks on care, care records and care plans.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people as questionnaires had been provided. This gave them the opportunity to suggest any changes or improvements.

- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.

#### Working in partnership with others

- People said that staff would make sure they received medical attention if they needed it.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also evidence that the registered manager had tried to obtain more care time from the local authority, as a person's needs had increased. These issues were reflected in care plans.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.