Cooper Noble Care Ltd

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Inspection report

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Date of inspection visit:
18 January 2016
19 January 2016

Date of publication:
17 February 2016

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

We carried out an unannounced inspection of Cooper-Noble Care on the 18 and 19 January 2016.

Cooper-Noble Care provides staff for a total of 42 people in six supported living schemes. Each scheme supports people with enduring mental health conditions to maintain and improve their health and independence.

A registered manager was 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.

All of the people that we spoke with told us that they felt safe with the services provided. The provider was not commissioned to provide 24 hour support for each location and made use of a range of security systems to promote safety when staff were not on the premises. This was backed-up by a 24 hour on-call services. Each of the people that we spoke with understood how to use this service if they needed to.

People were protected from the risk of abuse or discrimination because staff knew each person well and were trained in appropriate topics. Staff knew how to recognised signs of abuse and how to report them.

Sufficient staff were deployed to meet people's needs. Staff were suitably skilled and experienced to meet the needs of the people using the service. Each staff member had two references and a Disclosure and Barring Service (DBS) check on their file.

Staff were equipped with the skills and knowledge to meet people's needs through an extensive programme of induction and training.

We were told that staff were trained in a range of social care topics by their previous employer, but a record of this training was not available during the inspection.

Staff communicated effectively with each other through the completion of daily records, telephone calls and a hand-over at the end of each shift. Additional opportunities to communicate were provided by regular supervision and a commitment to annual appraisal. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act.

People were supported to maintain their mental and physical health through regular contact with healthcare professionals.

We were able to observe the delivery of care in a number of locations and saw that staff treated people with kindness, compassion and respect. Staff spoke with people in a reassuring manner and took time to confirm their understanding. The staff that we spoke with clearly knew the people that they supported and their individual needs.

People were actively involved in care planning and making decisions and this was evidenced in their care records. We also observed conversations about activities and care between people using the service and staff. It was clear that people were listened to and their views respected in the decision-making process.

People were encouraged to raise concerns or complaints directly with staff or by following the complaints procedure.

The registered manager and senior staff were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles.

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.

Staffing levels were sufficient to meet the needs of people using the service and staff understood how to recognise signs of abuse.

Risk was appropriately assessed and reviewed on a regular basis and involved the person and other stakeholders where required.

Medicines were stored and administered safely. Accurate and detailed records were maintained.

Is the service effective?

Good

The service was effective.

Staff were appropriately inducted and trained to meet people's needs. They were given regular supervision and the opportunity to develop their skills through further training.

Staff understood and adhered to the principles of the Mental capacity Act 2005.

People were supported and encouraged to maintain their physical and mental health through good nutrition and regular access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff were observed treating people with kindness and respect throughout the inspection. People using the service spoke very positively about the staff and the way they provided care and support.

People were actively involved in planning their care and making decisions. People had choice, independence and control over their lives.

Each location offered an appropriate degree of privacy. Staff understood people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People's care needs were regularly reviewed and their care was amended as required.

People were able to make specific requests for changes to their regular support and were able to fund additional hours if they chose.

The provider had a complaints procedure in place and other mechanisms for people to communicate concerns.

Is the service well-led?

Good

The service was well-led.

The service was being developed with input from people and their staff.

Staff were supported to question practice and to make suggestions for improvement.

The registered manager was accessible and respected by people using the service and staff .

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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 18 & 19 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by a social care inspector.

The provider had not been requested to complete 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 any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their friends, staff and the registered manager. We also spent time looking at records, including four care records, six staff files, three medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with six people using the services. We also spoke with the friend of one person using the service. We spoke with senior managers, the registered manager and four other staff.

Good

Is the service safe?

Our findings

All of the people that we spoke with told us that they felt safe with the services provided. One person said, "I feel safe with the staff being here. I could phone the on-call [out of hours service]." Another person told us, "I feel very safe knowing that there's always someone there. The security cameras and lighting help. Nobody has easy access. A third person said, "Familiar faces help me feel safe." The provider was not commissioned to provide 24 hour support for each location and made use of a range of security systems to promote safety when staff were not on the premises. This was backed-up by a 24 hour on-call services. Each of the people that we spoke with understood how to use this service if they needed to.

People were protected from the risk of abuse or discrimination because staff knew each person well and were trained in appropriate topics. Staff knew how to recognised signs of abuse and how to report them. We were told that one person was previously at risk of financial abuse and so an agreement was reached for a temporary arrangement to reduce the risk. A member of staff told us, "We monitor signs of abuse with the person and their families. Knowing people helps you to see signs. People have the confidence to speak to staff." We were given another example where abuse was suspected. The provider was part of a review involving the person, the Police and social care professionals that agreed criteria to reduce the risk. Accidents and incidents were routinely recorded and used to re-assess risk. The provider showed us a form which had recently been introduced to assist with the recording and analysis of incidents. We were told that on one occasion the health risks associated with a person going on holiday had been addressed by temporarily signing them up with a doctor near to their holiday destination. This gave them better access to health advice and support. The care records that we saw showed clear evidence that risk had been regularly reviewed.

The provider had been commissioned to deliver a fixed number of hours at each of six locations. We saw that they had sufficient staff to deliver these hours. Records indicated that all hours had been delivered in accordance with contracts. We were told that the provider delivered an on-call service at no cost where this was not part of the contract. People at each location confirmed that they had access to the on-call service. Staff were suitably skilled and experienced to meet the needs of the people using the service. The majority of staff had been employed in the services previously by another provider. They had experienced a break in employment and then agreed new contracts with Cooper-Noble Limited. We saw that staff files relating to these individuals were lacking some important information. We made the provider aware of the omissions and the necessary documentation was secured and added to the files before the inspection was completed. The staff files for new employees that we saw had been completed to a high standard. Each staff member had two references and a Disclosure and Barring Service (DBS) check on their file. A DBS check is a process for checking if staff are suited to working with vulnerable adults.

The majority of people using the service did not require support with their medicines. Where support was required we saw that medicines were stored safely and securely. We also saw that medication administration records (MAR) had been completed correctly. Medicines were provided in named and dated blister-packs. Each of the packs that we saw showed that medicines had been administered as prescribed. We asked about PRN (as required) medicines. Staff were aware of the requirement for protocols relating to

these medicines. We saw evidence of a protocol which was well-detailed on one of the three files that we looked at. The other two people did not use PRN medicines.

Good

Is the service effective?

Our findings

Staff were equipped with the skills and knowledge to meet people's needs through an extensive programme of induction and training. Induction for new staff followed the principles of the care certificate. The care certificate is a standard for induction of social care staff that requires them to complete a programme of learning, have their care practice observed and be assessed as competent by a senior member of staff. One experienced member of staff told us, "[New] staff shadowed me during their induction." One person using the service said, "It [the service] well meets my needs. We've been very lucky to have the same [staff] team."

We were told that staff were trained in a range of social care topics by their previous employer, but a record of this training was not available during the inspection. We discussed this with the registered manager who told us that they had experienced difficulty is securing some staffing information from the previous provider. They agreed to speak to each member of staff and secure evidence of training as a priority. Training since the transfer from the previous provider was recorded and included; administration of medicines, mental capacity act, mental health awareness, dignity and safeguarding in adult health and social care and equality and diversity. Staff also accessed training in specialist subjects like diabetes in relation to individuals using the service. Seven staff were registered on a qualifications and credit framework (QCF) programme in a relevant subject. Five were registered on a level three programme and a further two on level five.

Staff communicated effectively with each other through the completion of daily records, telephone calls and a hand-over at the end of each shift. Additional opportunities to communicate were provided by regular supervision and a commitment to annual appraisal. Supervisions were scheduled every four to six weeks. The records that we saw indicated that supervision had taken place in accordance with this schedule. The provider had established a small office at each location to store confidential information. Each office had a noticeboard which was used to highlight important information such as emergency numbers and the adult safeguarding process. We saw that daily records were sufficiently detailed to inform colleagues of any significant changes or to share information.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The 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 demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act.

Most of the people using the service were able to shop and prepare food independently or with minimal support. Where this was not the case staff prepared meals for people according to their individual preference. A member of staff told us, "We support people who might have weight problems. One member of staff is a nutritionist and we work with community health services." We were told about five people who needed support with their diet in relation to diabetes and another who had difficulty with safe food preparation because of a health issue. We saw that reference to diet and nutrition was made in care records.

People were supported to maintain their mental and physical health through regular contact with healthcare professionals. These included; doctors, dentists and opticians. Health needs were formally reviewed every twelve months in conjunction with other professionals and specialists. The provider had scheduled an additional internal review every six months. One person told us about the support that they had received with a specific health need. They said, "It's amazing what has happened since [registered manager] took over. Staff have supported me [with my health need]." We saw from care records that the service had been able to respond quickly when people's health needs had changed and had supported people to attend medical appointments. We were shown an innovative way to monitor health through a secure on-line system. Two people had access to medical equipment which monitored essential data such as heart-rate and oxygen saturation. This data was recorded regularly on an electronic tablet and sent directly to the person's doctor for their analysis.

Good

Is the service caring?

Our findings

We were able to observe the delivery of care in a number of locations and saw that staff treated people with kindness, compassion and respect. Staff spoke with people in a reassuring manner and took time to confirm their understanding. One person told us, "The staff have been transformed [since the change of provider]. Staff are caring and respectful. You are treated with dignity." Another person said, "The support here is the best I've ever had. They [staff] are very caring. They listen to me and help me out." A third person told us, "[Caring] very, very much so. They're respectful of everyone."

The staff that we spoke with clearly knew the people that they supported and their individual needs. This knowledge allowed them to provide care and communication in a manner that suited people and promoted their physical and mental health. We saw on one occasion that a person who had agreed to talk with us had become anxious about the process. Staff offered re-assurance and said that they would be available if the person required any assistance. This clearly calmed the person and they were able to discuss the service with us and describe the positive impact that it had on their wellbeing.

People were actively involved in care planning and making decisions and this was evidenced in their care records. We also observed conversations about activities and care between people using the service and staff. It was clear that people were listened to and their views respected in the decision-making process. People told us that they had choice and control over their lives. Each of the people that we spoke with was independent when they chose to be. They engaged with staff when it suited them to do so. A member of staff said, "When a person needs space we're not offended. It's care on their terms."

People had different degrees of privacy depending on the location. Some locations featured self-contained flats with the addition of a communal lounge. Others provided private bedrooms in a shared house. Regardless of the model staff recognised people's right to privacy. A member of staff said, "We knock on doors even though we have spare keys. We ask permission to check on people and use the keys." A person using the service told us, "Staff knock on my door." Another person said, "Staff provide personal care in my bedroom or private en-suite."

People were free to receive visitors at any time. One person said, "There's a lot of laughter. Visitors join in. Friends come and visit me on a regular basis."

Good

Is the service responsive?

Our findings

People's preferences for the delivery of care were respected by the provider. One member of staff said, "People can tell us if they're not happy with a member of staff. We will juggle appointments and rotas to give people the staff that they want." We were given an example where the person preferred to travel to an appointment in a private car. The staff rota was adjusted to ensure that a driver was available to take them. Another member of staff said, "People get a choice of staff to deliver personal care or go to activities." We saw from care records that people's care needs were reviewed on a regular basis and adjustments made to the delivery of care where required.

The majority of people were able to manage relationships independently, but other people were supported to maintain relationships with families and friends as part of their care. We were told of two people who had planned their holidays with family members. A member of staff said that people could pay for additional hours if they wanted staff to support them while on holiday. Another member of staff told us, "We keep in touch with families or they can phone us."

People were encouraged to raise concerns or complaints directly with staff or by following the complaints procedure. We asked people what they would do if they wanted to make a complaint. One person told us, "It depends what the complaint was. I would see [support worker]." Another person said, "I'd get in touch with yourselves [CQC] or [registered manager]. It depends on the severity." The provider had not received a formal complaint since the service started in June 2015. We spoke with the registered manager about the process and they were able to outline what steps they would take if required. We saw that this was in-line with the relevant policy.

Good

Is the service well-led?

Our findings

A registered manager was in place.

The service had clearly been developed and was continuing to develop with input from people and their staff. Open communication was encouraged at all levels. One member of staff told us, "People are involved. What they want, they get." We were given an example where people had asked for a pool table to be purchased for a communal lounge. On a visit to the location we saw that the table had been purchased and installed. One person using the service told us, "Managers are contactable. [Named senior] is usually here a couple of days a week or I can speak to [registered manager]." The staff that we spoke with enjoyed working for the organisation and felt supported to question practice. One member of staff said, "We can always voice an opinion."

The registered manager and senior staff were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. No notifications relating to people who used the service had been submitted to the commission by the provider since it became operational. We asked the registered manager about this and were assured that there had been nothing requiring a notification in this period. Notifications relating to the provider had been submitted.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. They told us, "I'm a manager who likes to work the rota. You get a better feel for the service." A member of staff said, "[Registered manager] is always around if I need support." The manager had sufficient resources available to them to monitor quality and drive improvement although the systems were not fully developed. We discussed this with the registered manager who told us that they had plans to develop more structured and formal quality assurance processes. They told us that they aspired to continually improve and grow the service. The provider had an extensive set of policies and procedures to guide staff conduct and measure performance.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality offered by the organisation since the transition from the previous provider. A member of staff said, "We help people to have a better quality of life. I've seen a big difference."