

Nobilis Care North Limited

Nobilis Bristol

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

About the service

Nobilis Bristol provides care to people in their own homes. 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

People were happy with the care they received. Relatives provided positive feedback and were satisfied with the staff that supported their family member. It was evident that positive relationships were built between staff and people they supported.

The service was safe. There were sufficient staff available to meet people's care needs and safe recruitment procedures were in place. This included gathering references and Disclosure and Barring Service (DBS) checks. Spot checks took place to ensure staff were performing as expected. Staff received training to enable them to care for people safely. This included safeguarding training so that they were able to identify and report signs of abuse.

The service was effective. Staff worked with health and social care professionals to ensure people's needs were met. There was information contained in people's care records to direct staff where to report concerns. For example, there were contact details available for GPs and district nurses. Staff were satisfied with the support and training they received; there were plans to develop the training further by creating a dedicated training room in the office.

The service was caring. People and their relatives told us staff were kind and provided good support, treating them with dignity and respect. The provider operated a scheme whereby each month, they chose a person to receive two extra hours of care, free of charge to enable them to undertake an activity they would otherwise be unable to do.

Support was responsive and could be flexible in accordance with people's need. Care plans were personalised, providing details about the person's life and individual needs. When end of life care was being provided, staff worked with professionals such as the local hospice.

The service was well led. There was an open and transparent culture within the service. The registered manager took concerns seriously, investigated them and reported back to the family concerned. There was a system in place to monitor the quality and safety of the service provided and this was effective in identifying shortfalls.

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.

Rating at last inspection

This service was registered with us on 23 February 2021 and this is the first inspection.

Why we inspected

We inspected the service in order to check standards and provide them with a rating.

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

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 Bristol

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection 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

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

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 a short period notice of the inspection so that we could be sure there would be a member of staff available to support the inspection process.

Inspection activity started on 9 May 2022 and ended on 12 May 2022. We visited the office location on 9 May 2022.

What we did before the inspection

We reviewed all information held about the service since their registration with us. This included notifications. Notifications are information about specific events that the service are required to tell us

about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager and five members of staff. We spoke with six people who use the service, and four relatives/family friends. We reviewed care plans for five people. We reviewed other documents relating to the running of the service such as audits, safeguarding records and medicine records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe and they were able to report any concerns if they had them. Comments included, "I know relative is very safe with the carers", and "Yes, (relative) hasn't been with them long, just this year but feels safe with the carers."
- Staff were trained in safeguarding and understood the importance of protecting people from avoidable harm. They told us they felt comfortable reporting any issues or concerns.
- The registered manager kept an overview of safeguarding concerns and monitored them to ensure they were progressing and the relevant authorities made aware.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. These outlined the measures required to ensure people were supported in a safe way. We noted that in places, some further detail was necessary. For example, one person's risk assessment identified that at times their behaviour could be agitated or aggressive. It wasn't clear how staff should support the person at these times. We fed this back to the registered manager and they told us they had highlighted it with staff straight away following our inspection.
- People's care plans detailed who should be contacted if staff were concerned about a person's health. For example, there were contact details for the person's GP, district nurse and emergency contact.
- Staff told us the care planning system was good and gave them good details about a person's needs.

Staffing and recruitment

- There were sufficient staff to ensure people's care needs were met. The registered manager and care coordinator told us that the service had been affected by pressures during the pandemic but this had not had a significant impact on their ability to deliver care. This was reflected in comments from people and relatives who told us that on occasion there were problems with staff running late but the office would usually call when this was the case.
- The care coordinator told us they tried as far as possible to keep staff on the same route and supporting the same people, to ensure consistency.
- Staff told us travel times between care calls were usually sufficient. On occasion, they had found this not to be the case but had fed this back to senior staff and told us they had been listened to.
- There were systems in place to recruit staff in a safe way. This included gathering references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to manage people's medicines safely. People's prescribed medicines were detailed in their care plans. Staff were expected to alert staff in the office if there were medicines in the person's home which weren't outlined on their Medicine Administration Record.
- Staff received training in how to administer medicines and this included administering eye drops.

Preventing and controlling infection

- Staff had access to PPE when carrying out care.
- People told us, "Yes, they always wear aprons, gloves and a mask", and "Oh yeah, yeah. All wear masks and aprons with gloves."

Learning lessons when things go wrong

- Any incidents and accidents were recorded and documented so that any necessary action could be taken. We saw examples of incidents that had been fully investigated including actions taken.

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 and relatives told us they were involved in planning their care. Comments included, "Yes, we talked about everything when the care plan was set up", "Oh yes, I was involved" and "Yes, I was involved in setting up (name's) care plan, they advised lots of things and I went along with it".
- At the commencement of a new package of care, people's needs were assessed initially in order to devise a care plan and discuss their support needs. This was reviewed after two weeks to check it was working well. Reviews then took place on a 6 monthly basis or as required.

Staff support: induction, training, skills and experience

- People felt positive about staff training. Comments included, "Majority are particularly well trained", and "A new one started recently and the boss came out to watch how she helped me. She was very pleased with the girl".
- Staff were satisfied with their training and support. There was an online training system, where staff were able to access training that the registered manager deemed mandatory. This system could be monitored as it highlighted when staff were due refresher training.
- New staff underwent an induction. This was flexible according to the member of staff's needs. Spot checks were undertaken to ensure staff were performing as expected.
- New staff completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us they were planning to develop the training programme along with creating a practical training room in the registered office. This would be used to deliver training sessions such as moving and handling. They also told us they would like to develop further links with community professionals such as district nurses, in order to provide bespoke training.

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

- People told us, "Carers will make me a drink, a sandwich, whatever I want" and "carers make them a hot chocolate at night"
- Not all people were supported with their nutrition. Care plans contained if people required support along with information such as likes and dislikes and any allergies.

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

- Staff worked with health and social care professionals when necessary to ensure effective care. One

person told us, "They phone the doctor for me and the chemist. They got the dermatologist out when (name) developed this rash".

- Healthcare professionals involved in people's care were listed in their care documentation. For example, one person was at risk of pressure damage to the skin. Staff were aware of the signs to look for and who to report them to.

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 MCA 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.

- People and relatives confirmed that they were involved and consulted in all aspects of their care and support. People told us, "I make all my own decisions; I am very independent", and, "Oh yes, I decide what I want to do, what I want to eat".
- We found the service was working within the principles of the MCA. If a person had a power of attorney in place, this was detailed in their care plan.
- For people who had capacity, they were fully involved in developing their care plan. Family were involved when necessary to ensure decisions about people's care was made in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about the care and support they received. Comments included, "Yes, very kind and caring, always asking what they can do for me", "Oh yeah, can honestly say they are all very patient, all kind and caring", and "Yes they are, all very nice".
- The registered manager told us they had a scheme in place to provide two hours of care to people outside of their usual care hours. This time wasn't charged for and was used to support people to do something they wouldn't otherwise have opportunity to do. One person was supported by this scheme to go out with staff and purchase reading equipment to allow them to read again following a deterioration in their eyesight.

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

- People and their relatives commented, "Yes, they listen to us, ask us questions and they are very caring to me", and "They listen to me, talk to me".
- Staff involved people in developing their care and when necessary, family members were involved to ensure the person received the support they required.
- The provider had not yet sent out a formal questionnaire to people to gather their views, however the registered manager told us this was due to be completed imminently and showed us the template they intended to use.

Respecting and promoting people's privacy, dignity and independence

- It was clear in people's care plans, which parts of their daily lives they were independent in.
- Feedback confirmed that people were treated with respect and dignity. Comments included, "Yes, they are very respectful, treat (name) with dignity and respect their privacy", "Definitely, all very respectful" and "Yes, they are all most respectful".

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

- Support was flexible and could be adapted as people's needs changed. People told us, "Oh yeah, changed my plan straight away when I came out of hospital and I think they just done a review, (member of staff) came out to see me" and "Oh yes, they have. (Name's) needs have changed as they've had more strokes and the dementia set in".
- People's wishes and preferences were made clear in their care documentation. This also included information such as whether the person had any spiritual or religious beliefs.
- Staff felt communication systems were good and they were always made aware of any changes in a person's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the AIS and made people aware that information could be provided in alternative formats or languages if necessary.
- People's care plans contained important information about their individual communication needs. For example, we read that one person had a condition that made verbal communication difficult but they were able to communicate well in other ways. For another person we read that they would raise their hand to indicate they wanted staff to leave

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

- Not everyone received support with social and cultural activities, though it was clear that people appreciated and valued the social aspects of their visits from staff. People told us, "I know my relative likes to have a cup of tea and a biscuit with the carers, I think they listen".

Improving care quality in response to complaints or concerns

- There was a process in place to manage and respond to complaints. Records confirmed complaints had been fully investigated and a response provided to the person. When possible, action was taken to improve the service provided to people. For example, one person was concerned about the number of different care staff that supported them and so the agency rescheduled care runs to reduce the numbers of staff involved.

- People told us they knew how to make a complaint and were happy to raise should they arise. Comments included, "Yes, complained once because I didn't want one particular carer visiting my relative. Office sorted it out" and "I've never needed to complain, but have the number for the office. My children would sort out any problems".

End of life care and support

- The service worked with other relevant professionals to support people at the end of their lives. For one person we read that staff were working closely with the hospice and family to meet their needs at the end of the life.
- We noted that documentation wasn't always clear or detailed about a person's end of life wishes; we discussed this with the registered manager who told us they were aware of this and agreed that further detail was required. However, they added that this was due to families finding these conversations challenging and sometimes declining to engage.

Is the service well-led?

Our findings

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

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

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

- There was a positive, person centred culture within the service. Staff aimed to meet people's personal needs and preferences and include them in all aspects of their care and support. People told us, "The carers, all so very helpful, very kind and very caring. Like having another daughter", "Yes, they listen to me, ask me questions" and "What we've asked for, we've got. Just waiting for the lunchtime calls to be set up".
- Staff felt well supported and able to discuss any issues or concerns.
- The registered manager produced a newsletter for staff. This included updates and important information about the service.

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 their responsibility to be honest and transparent when things went wrong. Records confirmed this.

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

- The registered manager understood their responsibilities in line with legislation. For example, notifications were made when required by law.
- The registered manager was responsive to feedback from the inspection and told us promptly about the action they had taken.
- There was a system of audits in place and these were effective in identifying areas for improvement including actions taken. . For example, there was a medicines audit and this had identified an issue with staff not logging in to care calls and therefore medicine administration not being recorded accurately on the care planning system. Action had been taken to address this. Care notes were also audited and we saw that this had picked up some minor concerns which were being addressed.

Continuous learning and improving care

- The registered manager had clear ideas about areas where they wanted to improve and develop the service. The new training room was a focus at the time of our inspection. The registered manager told us this would be a significant development in being able to deliver local training to staff rather than travelling to another office further away.
- The registered manager had further ideas about how they wanted to move the service forward; this

included ideas for establishing the service as part of the local community.

Working in partnership with others

- The registered manager worked with other professionals and agencies. For example, the service was working with the Local authority to provide temporary reablement packages of care.