Nobilis Care North Limited

Nobilis Care North Somerset

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Nobilis Care North Somerset is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of our inspection there were 89 people who were receiving personal care. Nobilis Care North Somerset also provided care and support to 17 of who were living in an Extra Care Housing facility called Waverley Court.

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 supported by staff who were kind and caring and people were happy with their support. Staff were able to demonstrate a good understanding of abuse and who to go to should they have concerns. People's independence was promoted. People's care plans had up to date risk assessments in place, one persons 'about me' section required updating the registered manager following our inspection confirmed this had been updated. Although all staff had received infection control training and were able to demonstrate a good understanding of how to safely use their personal protective equipment, we found one member of staff had their surgical mask down below their nose and mouth whilst supporting one person within the community. This was not in line with how surgical masks should be worn and meant people could be at risk of cross infection due to staff not wearing personal protective equipment as required.

People and their relatives felt able to raise complaints, however one person and one relative were not satisfied when a complaint was raised. People's care plans were personalised and they contained important information relating to people's life history and what their likes and dislikes were.

People were supported by staff who had a good understanding of privacy and dignity and who encouraged people with their independence. Referrals were made when required to health and social care professionals. People's views and choice was respected by staff.

Rating at last inspection
This service was registered with us on 6 September 2019, and this is the first inspection.

Why we inspected
This is a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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 Care North Somerset

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 team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. 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.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection
We gave notice of the inspection. We needed to be sure the registered manager would be in the office to

support the inspection. We also needed to arrange to speak with people over the phone.

Inspection activity started on 16 March 2022 and ended on the 24 March 2022. We visited the office location on the 21 and 22 March 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from four professionals who work with the service. We received one response from a professional.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 13 people and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, two team leaders, two branch staff and one care staff. Following the inspection, we contacted seven staff and managed to gain views from two.

We reviewed a range of records. This included eight care plans and two medication records. We looked at two staff files in relation to recruitment and two staff files in relation to spot checks, supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures, incidents and accidents, safeguarding records, written compliments, action plans, and feedback were also reviewed.

Requires Improvement

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 Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
● Care plans contained information relating to people's individual needs and risk assessments were in place. Although one care plan within the 'about me' section at the time of the inspection required updating. We fed this back to the registered manager who following our inspection sent the updated section of the persons care plan.
● Checks were in place to ensure staff supported people safely. Spot checks were in place to ensure staff were supporting people safely and using their equipment in line with recommendations from health care professionals and training provided. Records confirmed this.

Preventing and controlling infection
● Staff had received training on infection control, however we were not always assured that the provider was using PPE effectively and safely. Although staff and people told us personal protective equipment was used as required. Whilst looking through photos of support being provided to people. We found one photo where the staff member had their mask down below their nose and mouth. We fed this back to the registered manager as the member of staff was not wearing their surgical mask as per guidance.
● The registered manager had policies in place relating to infection control. Environmental risk assessments had been undertaken for the office environment and there was a procedure to check staff's temperature and to sanitise their hands prior to entering the office.

Systems and processes to safeguard people from the risk of abuse
● Most people and relatives felt safe with the care they received. Comments from people included, "The carers make sure I step into the shower safely. They are very careful with me and I have no worries about safety while they are around". Another person told us, "I feel safe. Carers are very good, very thorough". Another person told us, "I feel very safe. Carers shower me and, in the evening, get me ready for bed. I feel confident with them". One relative felt their loved one was not receiving safe care. They had raised this complaint with a safeguarding social worker. We fed this back to the registered manager who confirmed they were aware of this complaint. Following our inspection, the registered manager confirmed action taken to address concerns raised.
● People were support by staff who knew how to recognise abuse and who had received safeguarding training.

One member of staff when asked if they feel people are safe and what the different types of abuse are. Told

us, "Yes, I do. Any concerns I report them to the office. Abuse can be physical, emotional, financial, sexual". Another member of staff told us, "Emotional, physical, financial, discrimination. I would tell the office or the authorities or the police. I have no concerns".
● The registered manager kept a log of all safeguarding's made to the local authority including the outcomes.

Staffing and recruitment
● People were supported by staff who had checks completed prior to starting their employment. Checks included, references, identification, and a disclosure and baring service check (DBS).
● The registered manager confirmed it was important to recruit the right staff who were kind and caring. Interview questions explored the applicant's attitude, their nature and how they might support someone who was upset or needed reassurance.
● Most people felt supported by staff who they knew and who had visited them before. One person told us, "I get three to four regular carers. Occasionally a new one will arrive with a mentor. But not often". Another person told us, "We get regular carers". We get a roster each week which tells me who is coming and at what time". One relative told us, "Tend to get same consistent carer. [name] gets continuity. They know [name] and what to look for". However two people told us, "Not regular carers, it depends who is available". Another person told us, "Only part I dislike is that carers can be changed each day".

● The registered manager confirmed they had an ongoing recruiting regime at the time of the inspection. They felt the staff team were pulling together to cover people's visits and no agency staff was being used. One member of staff told us, "The carers are so good at pulling together. We work extra to cover the shifts. We don't use agency".

Using medicines safely
● People were supported by staff who had received training in safe administration of medicines.
● Most people were happy with the support they received. People told us, "Carers check medicines have been taken. All been brilliant". Another person told us, "I have cream for my legs. The carers are very good and apply it for me". One relative raised issues that medicines were not being administered as required. We fed this back to the registered manager for them to investigate.
● People's care plans contained a list of medicines and body maps confirmed where topical creams should be applied.
● The registered manager audited people's Medicines Administration Charts (MARs) monthly. This meant any issues relating to missed medicines or poor recording was identified and actions taken.
● Senior staff were responsible for regularly undertaking spot checks to ensure care staff were competent and safe in the administration of people's medicines.

Learning lessons when things go wrong
● The registered manager kept a record of incidents and accidents including actions taken. Details recorded included the date, type of incident and any outcome.

Good

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
- The provider's service user guide was available to people in various accessible formats should people require this.
- People's care plan contained important sensory information such as if they wore glasses or required hearing aids.
- People were supported by staff who had a good understanding of equality and diversity. Staff we spoke with had a good understanding of the protected characteristics under the Equalities Act 2010. One member of staff told us, "We always give people choice and ask what they would prefer. We ask them what their personal preference is, culture and religion. Everyone is individual it is about getting to know them". The registered manager confirmed they were taking action to address this where staff required mandatory training.

Staff support: induction, training, skills and experience
- People were supported by staff who had received supervision and an annual appraisal. The registered manager felt it was important to support staff and ensure they felt valued. Records confirmed supervision staff had received.
- Staff had received training in infection prevention control and COVID-19, moving and handling, safeguarding adults, safe administration of medicines and mental capacity. Some staff were having their outstanding training chased by the registered manager who confirmed this was a priority for staff to attend. Not all outstanding training was identified on the registered managers continuous improvement plan. We raised this with the registered manager.
- Staff received additional training when required that was relevant to people's individual needs. Additional training included Percutaneous Endoscopic Gastrostomy (PEG) where people receive medicines and nutrition through a feeding tube into the person's stomach. Other training included diabetes, pressure care and anxiety.
- New staff undertook the Care Certificate. This is a set of agreed standards that define the knowledge, skills, and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme. Records confirmed this.
- Staff were supported to undertake formal qualifications relevant to their role. For example, some staff had been supported by the registered manager and provider to access a diploma level 5 in health and social care. Staff also had access to workshops, which the registered manager confirmed staff could also access should they have a personal interest in the subject.

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

● People felt well supported by staff with their meals. One person told us, "Carers give me lunch". Another person told us, "Carers will make a sandwich for me in the morning and I can have it at lunchtime".

● Most people who received care support at Waverley Court had their lunch in the main restaurant. Should people within Waverley Court wish to have their meal in their room staff would take it from the restaurant covered and on a warm place so it arrived hot.

● Where people were supported by staff with their drinks and meals, their personal likes and dislikes were recorded within the "It's me" section of their care plan. This section gave staff an important overview of how to support people individually.

● Where one person required their food and drinks to be modified. Their care plan contained important guidance for staff to follow.

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

● People were supported by staff who sought medical attention when they needed it. One member of staff explained to us when they had arrived at a person's home and had needed to seek immediate medical attention for them. The member of staff told us, "I arrived and straight away could see they were unwell. I phoned 111 for assistance and the office to let them know".

● People care plans confirmed if people were supported by health care professionals such as physiotherapists, social workers and district nurses. Care plans also confirmed people's doctor and practice contact details.

● People were supported with referrals to health care professionals if required. This was recorded in people's care plans and records confirmed visits and new equipment for example when an occupational therapist had visited.

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 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's care plans contained important information relating to information that might affect their capacity.

● The registered manager at the time of the inspection confirmed one person was unable to make decisions about their care and treatment. This was recorded in their care plan including who to contact should the situation arise. Staff confirmed they always give people choice and control relating to the support they received. One member of staff told us, "We always give people choice about what they want to eat, drink and wear. This morning [Name] told me they wanted, tea, porridge, toast and a banana. That was their preference".

Good

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 were supported by care staff who were kind and caring. People told us, "They are caring and courteous". Another person told us, "I can't fault them". Another person told us, "Carers are respectful". Another person told us, "Carers are caring".
- Staff had a good understanding of how to support people with their individual needs. One member of staff told us, "Everyone is individual, we get to know them. We ask people what they prefer giving them choices of their religion, culture and personal preference". One person told us, "I can talk to them and tell them what I want. They can't do enough for me".

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

- Staff were respectful of people's wishes and they gave people choice. One person told us, "Carers are very good and will close the door of the bathroom to ensure privacy. Very professional". Staff told us, "We always promote choice, around what people would like to eat, if people would like to walk for a bit then use their wheelchair (for support for a bit)". Another member of staff told us, "We give people choice around appropriate clothing and how they would like their hair".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who had a good understanding of how to support people with their privacy and dignity. One member of staff told us, "We close people's curtains". Another member of staff told us, "We close people's doors, their curtains, we give people a towel that gives them dignity whilst we support them with a wash". One person told us, "Staff respect my privacy and dignity".
- Staff promoted people's independence. One member of staff told us, "We give people chance to be as independent as possible". They gave examples of people brushing their own teeth and washing their own face". One person told us, "I do what I can, and they do the rest".
- Staff had a good understanding of how to respect people's privacy. One member of staff told us, "We are confidential and don't divulge anything about others".

Good

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 Requires Improvement.

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 felt involved in planning the care they received. One person told us, "Yes I was involved". Another person told us, "[They] came around initially to ask what my care needs are". Another person told us, "I have a care plan. I am happy with it and it was reviewed last week. A lady from the office came and talked with me for half an hour".
- People's care plans had a generic high level outcome which was generic for all. Within the persons individual care plan it contained individual information relevant to that person and their needs.
- People were supported by staff who went above people's care planned needs. For example, the registered manager confirmed staff were able to claim an additional 2 hours paid support each month, where staff could support people with either accessing the community, undertaking a hobby or somethings they were interested in. Various examples were accessible to us during the inspection where the service had captured people's experiences. These included, going for a walk, helping someone with tidying their home, making Easter decorations, going to a place of interest, and on a boat trip. The registered manager was proud to show us these examples where people had experienced something meaningful to them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the provider had a complaints policy. However, one person and one relative we spoke with were not satisfied with the improvements made following raising a complaint. One person told us, "I have complained and have been told we do our best. But nothing changes". One relative told us, "Response to complaints is not adequate".
- The registered manager kept a complaints log including who made the complaint. This confirmed the nature of the complaint, actions taken, and the date resolved including if the complaint outcome was resolved. Records confirmed this.
- Various compliments had been received from people and their relatives. Compliments included, 'I also wanted to say a huge thank-you to [Staff name] and [Staff name] for making such a difference in the first weeks after [Name] came home. Their reassurance and support made a world of difference to all of us during an incredibly stressful time and I honestly don't know how we would have got through it without them. Please pass on my heartfelt thanks to them and the same goes to yourself and Nobilis for the practical and emotional support you have provided in [Name's] transition back towards normality'.
- Another compliment included, "I just wanted to compliment [Name] on the way she conducted herself at the bedtime visit we had yesterday. [Name] was supportive / empathetic, as well as being assertive and realistic.

[Name] are a great credit who can put the customer first'. Another compliment included, 'I wanted to call and thank [Name] for their hard work in a very difficult situation for all they did in dealing with [Name of person] passing and thank all the carers for their efforts with [Name of person] while [They were] with us'.

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.

● No-one at the time of our inspection required information in line with the Accessible Information Standard (AIS). The provider had a policy that supported people receiving their care in an accessible standard way should this be identified.

End of life care and support

● People's care plans had important information such as their medical histories and information relating to their diagnosis and how this might affect them. At the time of our inspection Nobilis Care North Somerset was not supporting anyone who was receiving end of life care.

Good

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 Requires Improvement.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person- centred care.

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

- At the time of the inspection there was a registered manager in post. They were responsible for undertaking quality assurance checks such as medicines management, complaints, safeguarding and for monitoring the quality of care plans.
- The registered manager was familiar on when to make notifications to the Care Quality Commission (CQC).
- The registered manager had a service improvement plan in place. This identified areas they wished to improve, timescales and the impact the improvement would make.

Continuous learning and improving care; Working in partnership with others

- The registered manager was supported by a wider support group of registered managers within the provider's other services. They confirmed they had a mixture of face to face and virtual meetings, which were an opportunity to discuss quality and service delivery.
- The registered manager monitored incidents and accidents. We observed actions taken when the service worked in partnership with other health care professionals such as Physiotherapists, Occupational Therapists and requests for a falls assessment.
- The registered manager confirmed they were working with the local authority on the recruitment and retention of social care staff through a 'winter pressure social care recruitment campaign'. This they felt would work well to promote careers in care and attract new people into roles in social care. The registered manager was positive this would go some way to attracting new staff into the care sector.

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

- Staff felt supported and part of a happy team. One member of staff told us, "Can't fault it. Incredible. Like a big family". Another member of staff told us, "Working for Nobilis is really positive. Class as a family. Excellent support. [Management] are very approachable and understanding. We all get on really well".
- The registered manager was passionate about valuing staff and recognising their individual contribution. The registered manager told us, "We have a budget to say thank-you to staff. We can buy them flowers. We also support staff with accessing the care workers charity, and we recognise staff with their values and

behaviours. These points turn into cash".
● People could put staff forward for carer of the month. It was an opportunity for staff to feel recognised for the difference they make to people's lives.
● The serviced aimed to promote independence and respect people. They had a written staff manifesto which confirmed; 'Supporting someone to be able to stay in their own homes, surrounded by the things they love and treasure, promoting and encouraging their independence is the most rewarding part of my job, improving and maintaining someone's well-being and self-worth is the most important part of my job. Doing so with dignity and respect is paramount'.
● The service had a carers recognition system. This meant where staff referred a friend, they were rewarded for this introduction along with their progression within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views were sought through yearly questionnaires. Last questionnaires were sent in February 2022. At the time of the inspection feedback was not available.
● Most people felt office staff were helpful and nice. One person told us, "I have rung the office and they have been very helpful". They were very kind". Another person told us, "All office staff are professional and polite". Another person told us, "I know the management structure and I can always manage to get hold of them. I have spoken to someone out of hours. I always get through easily". One person shared with us how they were unhappy with the management. They told us, "I am not happy with the management. They don't allow enough time for (staff) travelling. Talking to the office is like talking to a brick wall".
● Staff views were sought through satisfaction questionnaires. The last satisfaction survey was sent in 2020. Feedback included asking staff what is the best about working for Nobilis. Comments included, "Other carers" and "My Team" and "Opportunity for advancement and feel values and that my worth is recognised". Staff were also asked their views around how Nobilis could be a better place to work. Comments included, "Better pay" and "Rewarding long standing staff with their salary". This meant staff had the opportunity to share their thoughts around how the provider could improve staff experience.
● Staff felt it was nice place to work and that everyone got on really well. One member of staff told us, "We all get on really well. We support each other inside and outside of work". Another member of staff told us, "It's like a family group. I haven't met a carer that isn't supportive".