

Nomase Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Nomase Care Ltd is a domiciliary care agency which provides personal care and support to people living in their own homes and in supported living settings.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection 70 people were receiving support with personal care.

People's experience of using this service

People were not always safe. The provider had not ensured fire risks to people were always fully documented and mitigated. People's medicines were mostly managed safely, however, there was insufficient information regarding 'when required' (PRN) medicines which were being prescribed to help people manage behaviours that challenged. The provider was not managing infection control risks. On the day of our visit to the supported living service, staff were not wearing Personal Protective Equipment (PPE) in line with current government guidance for this type of care setting.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider was not ensuring that consent to care and treatment was obtained. They did not conduct mental capacity assessments and/or best interests meetings when they identified people who lacked capacity to consent to their care and support.

Quality assurance processes were not always effective in identifying and addressing the shortfalls in safety and quality we found. We discussed our concerns with the manager and nominated individual during the inspection and they have taken action to resolve some of the immediate issues we identified. They have also submitted an action plan detailing what further improvements they will make.

We received generally positive feedback from people about the care they received and the management of the service. People told us staff were kind and caring. Staff were positive about how the provider had supported them during the pandemic. The provider worked in partnership with a range of health and social care professionals.

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

Rating at last inspection and update

At the last inspection, the service was rated as requires Good (Report published 4 April 2020). The rating has deteriorated to requires improvement.

Why we inspected

We undertook this focused inspection to follow-up on specific concerns that we received about the risk management processes within the service. A decision was made to examine those risks. During the inspection we widened the scope to include the key questions of safe and well-led and part of the key question effective. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to medicines, infection control, risk management, consent to care and treatment, submission of notifications and quality assurance processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may return to inspect.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Nomase Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team

The inspection team comprised one inspector and two Experts 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 and specialist housing.

The service did not have a registered manager. However, the current manager had applied to register with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

What we did before the inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 20 people who used the service and 24 relatives. We spoke with ten members of staff including five care workers, one care coordinator, the deputy manager and manager of the supported living services, the quality assurance and contract manager and the nominated individual who is responsible for the management of the service.

We reviewed 13 people's care and medicine records. We looked at five staff files in relation to recruitment and supervision. We also looked at policies, procedures, and records related to the management of the service and infection control. We also analysed electronic call monitoring (ECM) data for 10 people who used the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, staff training and quality assurance processes. We also sought feedback from professionals with knowledge of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- The risk of fire had been assessed and individual personal emergency evacuation plans (PEEPs) were in place. However, we found some people were using emollient creams which placed them at increased risk of being harmed by fire. The risk assessments did not contain any information about the increased risk associated with the use of emollient creams and smoking or sufficient guidance to reduce the risks.

The failure to effectively mitigate risks to people's health and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider used a wide range of risk assessment tools to consider the risks associated with people's health and social care needs. For example, there were risk assessments in place to identify the risk of people developing pressure ulcers. Care plans contained clear guidance for staff to ensure risks were mitigated.
- People receiving care and their relatives were positive about how the staff kept them safe. We received comments such as, "Yes, I certainly feel safe with them. I've got to know them and it works. I would speak to social services if I had any concerns" and "Yes I do feel quite safe. They always make sure I get to bed safely."

Preventing and controlling infection

- The provider had reviewed their infection and prevention control policy during the COVID-19 pandemic. However, the provider was failing to ensure all staff were following the current government guidelines around the use of PPE in supported living services.
- There was a system in place to record visitors' temperatures when they entered the supported living service. However, one family member told us this was not always being followed when they visited.

The failure to follow the government guidelines for the use of PPE in supported living settings placed people at risk and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had been supported with guidance and information during the COVID-19 pandemic. We received comments such as, "We have had refresher infection control training and COVID-19 training" and "They [managers] have always made sure we are kept up to date with everything and we have enough PPE."
- Staff were being regularly tested for COVID-19 to reduce the risk of infections being spread.

Using medicines safely

- Medicines were not always managed safely. The provider did not ensure that staff had the necessary information to administer PRN (when required) medicines safely. Some people had been prescribed medicines to manage behaviours that challenge but there was not clear guidance in place for staff to ensure they would be given in the right circumstances.
- Not all staff had completed competency assessments to ensure they had the practical skills and knowledge to support people to take their medicines safely.
- The service did not have a system to ensure medicines were being stored at the correct temperature within the supported living services.

The failure to ensure people's medicines were managed safely was breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Staffing and recruitment

- We received mixed feedback from people about whether they received their care visits on time. Positive comments included, "I'm very lucky, I have very good carers. They come on time unless they are held up." However, some people told us they did not have set times for care visits. Comments included, "I don't know what time they should arrive" and "I never know when they are coming."
- We analysed a sample of the provider's electronic call monitoring records but did not identify any issues with timekeeping.
- The service followed safer recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- There were enough staff on duty to ensure people's needs were safely met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "I wouldn't hesitate to raise an alert if I saw any abuse or neglect."
- People were protected from financial abuse and there were systems in place to check people's money during shift handovers and routine audits.
- The provider conducted investigations into allegations of abuse or neglect and shared findings with the relevant local authority.

Learning Lessons when things go wrong

- There was a system in place for staff to record accidents and incidents when they occurred. A senior manager reviewed accident and incident reports and took action to prevent reoccurrence.
- Accidents and incidents were a regular agenda item during staff meetings and handovers to ensure learning was shared with all staff.

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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 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 did not always follow MCA best practice guidelines when planning people's care and support. The provider had not completed capacity assessments or followed best interests processes for people who did not have capacity to consent to their care and support.
- The provider had not considered whether the nature of the care and support was a potential deprivation of liberty and had not ensured the local authority were consulted so that applications could be made to the Court of Protection.
- One person's records showed a relative had signed consenting to the care of their relative. However, there were no legal documents in place to evidence they had legal authority to consent on their relative's behalf.

The failure to obtain consent from people in line with the MCA (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff received MCA training and were able to describe how they put this into practice by offering people choices and explaining options in a way they understood.
- People with no verbal communication were given choices and options with the use of pictorial aids. Care plans contained information on how people were able to make everyday choices.

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

At the last inspection this key question was rated as Good. At this inspection, this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider's quality assurance systems were not always effective in identifying and addressing shortfalls in quality and safety. Managers routinely audited care plans and risk assessments. However, the audits had not identified the issues with quality and safety that we found.
- The manager and nominated individual regularly visited the supported living services to check on the safety and quality of the service, however there were no formal audits in place to ensure shortfalls were identified and addressed. The issues with medicines and infection control procedures had not been identified.

The provider did not ensure systems and processes were in place to effectively assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not submit the necessary notification when there had been an allegation of abuse. Records showed that the local authority safeguarding teams were aware of all allegations of abuse and the provider had taken action to investigate them and submit the necessary investigation reports.
- The service had not submitted the necessary notification when they started supporting people in supported living settings.

Failure to notify us was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for this failure to send notifications in a timely manner.

- The provider was meeting their responsibility to display the ratings of the previous inspection.
- The provider had recently put in place an electronic care planning system which enabled carers to access and update electronic care records whilst they were in the community carrying out their roles.

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

- The provider also monitored quality and safety through spot checks and telephone monitoring calls.

However, some people told us they had not had regular contact from a manager to check on their service. Comments included, "I have never seen anyone from Nomase" and "I do think they should not just check me but my carers, do spot checks. They should have better monitoring in place."

- The provider arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff informed of relevant information. Staff were positive about how they were engaged and consulted. We received comments such as, "Because of Covid we have been having meetings on Zoom. We discuss what's going on with the clients and we make suggestions for improvements. The clients are always the priority."

- We received positive feedback from staff about the ongoing support from managers. One member of staff said, "I can't fault them. One of the managers is always here or you can speak to them on the phone if you need to."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- We received mixed feedback about how staff consulted with people and their relatives when planning care and support. One relative told us, "I was able to give a lot of input to the care plan. They really listened to me when planning the transition and I am always kept in the loop." However, other people told us they did not feel consulted about their care needs. We received comments such as, "I don't know anything about a plan or how anything was put together. I've got no contract, so I don't know what has been agreed" and "We don't know if there is a care plan or who wrote it. We don't feel we've had a proper discussion about it."

- Staff were positive about how the team worked together. We received comments such as, "We really work as a team. If you have any issues or concerns the managers listen to you" and "We are like a family, we work together."

- We received generally positive feedback from professionals about how the service provided person-centred support. One professional told us, "We routinely visit some of their premises where our clients are based. From our observations their service is responsive, appropriately meets the needs of services users."

- The service continued to understand their responsibility to be open and honest and give all relevant people information when things go wrong. One relative told us, "If there are any problems, they let me know straight away" and "Sometimes they phone me and say [family member] isn't too great today. They're concerned and that makes me feel he's safe."

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals and healthcare professionals such as social workers, physiotherapists, occupational therapists, GPs and district nurses to plan and deliver care and support.

- We received positive comments from professionals about how the service worked in partnership to achieve good outcomes for people. One professional told us, "I have been impressed with how they have supported one person to move into a new setting. The manager has been communicative with our team and liaised with other healthcare professionals to ensure the person's complex health care needs were met."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a person using the service. 18 (1) (2) (e)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person was not able to demonstrate that they followed the principles of the MCA. Care and treatment of people was not provided with the consent of the relevant person. Regulation 11(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure that risks to service users were adequately assessed and mitigated. The registered person did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

governance

The registered person did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare.

Regulation 17(1)(2)(3)