

Nomase Care Ltd

Nomase Care Ltd - Chadwell Heath

Inspection report

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Date of inspection visit:
11 October 2023

Date of publication:
14 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency based in the London Borough of Barking & Dagenham. The service provides personal care to adults 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.

At the time of our inspection, the service provided personal care to 24 people.

People's experience of using this service

Robust risk assessments were in place to ensure people received safe care at all times. This included risk assessments for people with specific health conditions. Medicines were being managed safely. Systems were in place to manage accidents and incidents.

Systems were in place to ensure staff attended care calls on time. Pre-employment checks were carried out to ensure staff were suitable to support people safely. Systems were in place for infection control.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. Feedback was sought from people and staff to make improvements to the service.

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

Rating at last inspection

The previous rating was Requires Improvement, this service has been in Special Measures since our last inspection on 4 July 2023 [published 11 August 2023] due to their rating of Inadequate under Well-Led. We found breaches of regulation on risk assessments and good governance.

During this inspection, the provider demonstrated that improvements have been made.

Why we inspected

We undertook this focused inspection to check if the service had made improvements on the breaches of legal requirements found at the last inspection. This report only covers our findings in relation to the key questions of Safe and Well-led, which contain those requirements. The service continued to be in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive inspections since being placed on special measures. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. The service does not have an Inadequate rating in any key questions now and has come out of special measures.

For those key questions not inspected and rated, we used the ratings awarded at the last comprehensive

inspection to calculate the overall rating. The overall rating for the service remains Requires Improvement.

We have found evidence that the provider had made improvements and met the requirement notices. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nomase Care Ltd - Chadwell Heath on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nomase Care Ltd - Chadwell Heath

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 October 2023 and ended on 18 October 2023. We visited the location's office on 11 October 2023.

What we did before the inspection

We reviewed the information we already held about the service, this included their last inspection report and notifications. A notification is information about incidents or events that providers are required to inform us about. 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. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, service manager and quality support officer. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 5 staff files, which included pre-employment checks and 5 care plans which included peoples support needs and risk assessments. We looked at other documents such as quality assurance records.

We also spoke with 7 people who used the service, 8 relatives of people who used the service and 5 staff members.

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 improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to implement robust risk assessments to ensure people were supported in a safe way. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvements had been made at this inspection and the service was no longer in breach of this regulation.

- Robust risk assessments were in place to ensure people received safe care and support.
- Risk assessments had been completed in relation to people's health conditions such as people at risk of high blood pressure, stroke and diabetes.
- Risk assessments had also been completed on other areas such as falls, mobility and skin integrity.
- Risk assessments included the identified risks along with measures and actions to ensure people received safe care and support. A staff member told us, "The risk assessments are very helpful. It helps us to keep people safe."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents. A person told us, "I've used Nomase two years. I know the carers now. I get regular carers. We build a relationship. They do it from the heart." A relative commented, "He is 100% safe, because I know them [staff]. They treat us like family." Another relative told us, "They [staff] are very nice, polite and friendly."
- Staff had received safeguarding training and understood their responsibilities to keep people safe and who to report to should they have concerns. A safeguarding policy was in place.

Using medicines safely

- People were given medicines safely.
- At our last inspection, we found one person medicine record showed that may not have been given their medicines as prescribed. We checked medicine administration records (MAR) during this inspection and found medicines were being administered as prescribed for people that were being supported with medicines.
- Staff had received training on medicine management and had received a medicine competency assessment. Staff told us they were confident with supporting people with medicines, should they need to. A staff member commented, "I have been trained on medicines, they did test me on it. Very good." A person told us, "They make sure I take my medicines before they go."

Staffing and recruitment

- There were sufficient numbers of staff to support people. Staff were sent rotas in advance and were given adequate time to travel between appointments to ensure missed and late calls were minimised. A staff member told us, "I am able to go to care calls on time, we have time to travel. I am given my rota in advance, so I know where to go." A person told us, "They come on time and stay for the required time. There are no missed calls."
- The service used a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call. A relative told us, "Like clockwork. They are always on time. There's never been a missed call. They stay for the required length of time."
- Call logs were audited by management to ensure oversight of staff timekeeping and to minimise any late calls.
- Records showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded and action taken. The registered manager told us that incidents were analysed, and lessons were learnt to minimise the risk of re-occurrence. Records confirmed this.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had undertaken infection control training and were aware of infection control procedures.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons. A staff member told us, "I am given PPE to wear such as gloves, apron. Everything is given to me."
- People and relatives confirmed that staff used PPE when supporting people with personal care. A person told us, "They wear a mask, gloves, apron, everything." A relative commented, "They wear a mask, gloves, an apron and their uniform."

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 Inadequate. At this inspection this key question has improved to 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;

At our last comprehensive inspection, we found service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvement had been made at this inspection and the provider was no longer in breach of this requirement.

- We found systems were in place for quality assurance of the service. Audits were being carried out on care plans, risk assessments, medicine and staff files. The registered manager told us the audits helped the service to identify any shortfalls and take prompt action. We found improvements had been made with risk assessments and medicine management. The service met the requirement notices on regulation 12.
- Audits introduced at the last inspection on staff time keeping continued to be effective as we found the improvement made with staff timekeeping at the last inspection had been sustained.
- The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance.
- The provider had now made improvements and met the breaches on Regulation 9, 12, 18 and 17 identified in our 12 December 2022 inspection when the service was rated Inadequate and placed in special measures.
- The management team told us they have worked really hard over the last 12 months to ensure robust systems were implemented and that systems would be sustained to ensure people receive safe person centred care at all times. We saw evidence of discussion with staff in ensuring consistency with improvements. A staff member told us, "[Registered manager] has been working very hard. There has been lots of improvement for staff and for people we support."
- People told us the service has improved. A person told us, "As a whole, they've improved. They were fantastic coming out to see clients and asking for feedback and taking it to the office. I noticed a difference. They've improved like that about six months ago now. It's definitely positive." Another person commented, "They have improved over time. Their spot checks are more frequent now, every few weeks. They come to the house, hearing what people said, checking the log if they've come and logged in and out. They double check if the calls were made and what have to do. They are very thorough now."

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

characteristics

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks, the management team also obtained feedback from people about the service and staff.

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 provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Registered manager] is a good manager, she is friendly. If you have problems, she helps you" Another staff commented, "[Registered manager] is a very good manager. She supports me anything I need help with. I have no concerns."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.
- People and relatives were positive about the service. A person told us, "They are definitely doing well with me." A relative commented, "We're very happy with the support. I'd like to recommend them and on behalf of my mum."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to people and staff for feedback on the service. This was analysed to check for continuous learning and improvements on care. A staff member told us, "They always ask for feedback on how things are going."
- People and relatives told us that they were asked for feedback. A person told us, "They come from the office and ask me for feedback on how the carers support me." A relative commented, "The agency, the office people, come by every two, three weeks and check on my mum about the care and the carers."

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- Staff told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.