

Nomase Care Ltd

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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

This inspection took place on 24 July and was announced. This was the first inspection of the service since registering to provide personal care with the Care Quality Commission in January 2016.

Nomase Care Ltd provides personal care for people living in their own homes. At the time of the inspection the service was delivering care to seven people.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse because staff knew how to identify and report any concerns. Staff had received training on safeguarding adults and understood their responsibilities to keep people safe from avoidable harm. Staff identified and managed risks to people's health and well-being.

Sufficient numbers of staff deployed at the service ensured people received safe care. A review of staffing levels when necessary enabled staff to meet the needs of people safely. Staff underwent a robust vetting process to ensure people received care from suitable staff. People had their medicines managed and administered safely by trained staff and in accordance with the provider's procedures.

People received care from staff who had the support they needed to undertake their role. Staff underwent an induction and received regular training, supervisions and an appraisal of their performance.

Staff provided care to people as required under the Mental Capacity Act 2005. People gave consent to care and treatment before staff supported them. Staff delivered people's care in line with their choices and preferences.

People received the support they needed to eat and drink. People had access to healthcare services and had their health needs met.

Staff delivered care to people with compassion and kindness. People had their rights to equality, privacy

and dignity maintained by staff who provided their care. Staff supported people to maintain their independence whenever possible.

People using the service, their relatives and health and social care professionals were involved in identifying each person's individual needs. Support plans in place provided sufficient guidance to staff on how to deliver personalised care. Staff carried out regular reviews of people's needs and updated support plans when there were changes to ensure they provided responsive care to each person.

People had an opportunity to give feedback about their care. The registered manager addressed any concerns raised to improve people's experience of using the service. People using the service and their families understood how to make a complaint about the service.

An honest and transparent culture at the service enabled staff to talk openly about the care they delivered to people. People using the service and staff knew the registered manager and made positive comments about how they managed the service. Staff were clear about their responsibilities and said they enjoyed good communication and teamwork.

Regular audits and checks on the quality of the service identified shortfalls in care provision. The registered manager took action in a timely manner to resolve any issues highlighted in audits and in line with the provider's timescales. A close partnership with external agencies enabled people to receive care in line with best current practice.

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. People were safe from the risk of potential abuse and avoidable harm. Staff assessed and managed risks to people's health and well-being.

Adequate staffing arrangements ensured enough numbers of staff provided care to people safely. Staff underwent a robust vetting process about their fitness and suitability to provide care before they started work at the service.

People received their medicines safely from competent staff.

Is the service effective?

Good ●

The service was effective. People received care from staff who were competent to undertake their role. Staff received an induction, training and supervision to enable them to provide effective care to people.

People gave consent to the care and treatment provided by staff. Staff delivered care to people in line with the requirements of the Mental Capacity Act 2005.

People received support to eat and drink when needed and to maintain a balanced diet.

People had their health needs met. Staff supported people to access healthcare services when they needed to.

Is the service caring?

Good ●

The service was caring. People had their care provided in a kind and caring manner. Staff had developed positive working relationships with the people they supported.

People were involved in planning and making decisions about their care.

Staff were respectful of people and supported them to maintain their privacy and dignity.

Is the service responsive?

Good 

The service was responsive. People received personalised care in accordance with their individually assessed needs and preferences. Care plan reviews enabled staff to provide appropriate support to people as their needs changed.

People using the service and their relatives had an opportunity to share their views about the care they received. The provider acted on their feedback.

People knew how to raise concerns and complaints and were confident about getting these resolved. The registered manager responded positively to concerns to improve the service.

Is the service well-led?

Good 

The service was well led. People were at the centre of decisions made at the service. An open and honest culture at the service promoted the involvement of people and staff to improve the quality of care provided.

Staff were clear about their roles and felt valued at the service. The registered manager demonstrated a passion to provide high standards of care and understood their responsibilities to the Care Quality Commission.

Quality checks and audits of the service were robust and effective in identifying areas of improvement. The provider implemented necessary changes to develop the service.

People benefitted from the close working relationship of the service with other agencies.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 July 2017 and was announced. 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service including notifications we had received. A notification is information about important events, which the service is required to send to us by law. We used this information to plan our inspection.

During the inspection we spoke with six care staff, a provider's care manager and the registered manager. We reviewed five people's care records and eight medicines administration records. We looked at six documents relating to staff which included their recruitment, induction, supervision notes, training records and staff duty rotas. We read records relating to the management of the service including complaints and compliments and reports on quality monitoring checks and audits. We checked feedback the service had received from people and their relatives.

After the inspection, we spoke with five people using the service and one relative. We received feedback from three health and social care professionals.



Our findings

People received safe care from the service. One person told us, "I feel very safe that [care workers] come and see me." Another person said, "Staff are lovely and meet all my needs. They always ask me if I need anything." One relative told us, "The staff are on time and we have the same group of [care workers]."

People received support from staff who understood how to protect them from abuse. Staff attended safeguarding adults training which enabled them to identify abuse and understand the action to take to keep people safe. Staff understood the provider's safeguarding procedures and records showed they reported any concerns to the registered manager. Staff said the registered manager took their concerns seriously and ensured people were safe. They were confident to whistleblow to the registered manager, provider and external agencies any cases of poor practice and unresolved cases of potential abuse. An alert to the local authority safeguarding team on a person's welfare ensured concerns identified were investigated and plans put in place to mitigate the risk of harm.

People had their care and support delivered in a manner that minimised the risk of avoidable harm. Staff identified risks to people's health and well-being and had detailed guidance on how to provide safe care. Assessments identified risks that included a person's inability to manage their medicines safely, a neglect of their personal care and insufficient nutrition and dehydration. Support plans highlighted how staff were to support people, for example, administering their medicines, assisting them with a wash and shopping for food and serving meals and drinks. Records showed staff worked with people, their families where appropriate and health and social care professionals to assess and review regularly the risks to people's welfare and to update their support plans.

People received their care as planned and in a safe manner. One person told us, "[Care worker] is here on time and stays on until they have made me comfortable." Another person said, "Excellent [care workers]." A member of staff told us, "There is enough time to travel between calls and we never feel rushed." The provider deployed a sufficient number of suitably qualified staff to support people. They reviewed staffing levels to meet people's needs and provided transport to staff during weekends to minimise a risk of delays to calls. In addition, the provider was piloting a computerised system to monitor staff's punctuality on their home visits to minimise the risk of delayed calls and improve the responsiveness of the service to people's needs. Staff contacted the office about any delays to the home visits. This ensured people were informed when to expect them and to reduce any anxiety. Duty rotas confirmed the service had not experienced any missed calls and that all shifts and absences were covered. Staff received monthly schedules that showed the people they would be providing support to and the visit times. This allowed for planning to ensure staff

delivered care as planned. People using the service and their relatives had the registered manager's and office numbers to contact them when needed. They told us this made them feel safe.

People using the service received support from staff deemed as suitable and safe to provide their care. New staff underwent pre-employment procedures that included completion of an application form, attending an interview and a verification of their identity, right to work in the UK, work history and references, fitness to practice and criminal records checks. Staff told us and records confirmed they started to work at the service on return of satisfactory checks.

People received the support they required to take their medicines safely. Staff carried out an assessment on each person's ability to manage their medicines and recorded this in their care plans. Staff were trained and assessed as competent to support people with their medicines. Staff accurately completed medicine administration records [MARs] to indicate that people had taken their prescribed medicines at the correct times and doses. A regular check and audit of MARs ensured that the registered manager could identify and rectify errors in a timely manner. There were no issues identified in the latest audits of June 2017.

People received care from staff who knew how to minimise the risk of infection. Staff told us they followed good handwashing techniques to prevent cross contamination. Staff had access to personal protective equipment such as gloves, aprons, face masks, shoe covers and hand gels. The registered manager monitored staff's practice during spot checks to ensure they followed the provider's infection control procedures.

The provider worked with healthcare professionals to ensure people had access to the correct equipment for care delivery. For example, a referral on a person's mobility resulted in the delivery of a hoist which enabled staff to support a person to move safely from a bed to a chair.



Our findings

People received care provided by competent and skilled staff. One person told us, "The staff know what they are doing. I am very happy." A relative told us, "Staff are good at what they do." Staff told us the training they received enabled them to understand people's needs and how to provide effective care. Staff attended the provider's mandatory training which included, manual handling, safeguarding adults, first aid, fire safety, food safety, health and safety, infection control and managing medicines. The registered manager ensured staff attended refresher courses to keep up to date with their skills and knowledge.

New staff underwent an induction to equip them with the skills to undertake their role. The induction included 'shadowing' experienced colleagues to observe good practice and familiarisation with people's support needs and preferences. Staff new to care completed the Care Certificate which is a set of standards that care workers are expected to adhere to. Staff read the provider's policies and procedures and people's care plans to ensure they understood how to deliver effective care.

People received care from staff who had their practice monitored. Staff told us and records confirmed that they held regular one to one meetings with the registered manager. They discussed people's needs, teamwork, how they delivered care and any support they required in their role. Records identified areas a member of staff needed to improve on for example, accurate record keeping. They had attended the relevant training to improve their practice. Appraisal meetings were used to set clear objectives for the year and staff had agreed with the registered manager their learning and development plans. Appraisals were scheduled for end of year. None of the staff had been appraised because they had been in post for less than a year.

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. We checked whether the service was working within the principles of the MCA.

People gave consent to care and treatment. One person using the service told us, "Staff always check with me what I need." A member of staff told us, "We have to hear from each person what they want. We can never assume that their choices remain the same." Records showed assessments were carried out to check people's capacity to make choices about their care. People who were able to had signed consent forms showing they agreed with the plan to receive care. People we spoke with and records confirmed staff

respected their choices about how they wanted their care provided.

People received the support they required to eat and drink in accordance with their support plans. One person told us, "[Staff] heat up my food and make me a cup of tea before they leave." Another person said, "I'm always asked what I would like to eat or drink." Staff encouraged people to eat a healthy balanced diet. Care records included people's food choices and preferences. Daily observation logs showed that staff ensured people had sufficient food to eat and drink and contacted healthcare professionals if they thought a person was at risk of malnutrition.

People received the support they required to maintain their health. One person told us, "[Staff] contacted my GP when I was unwell." Staff told us they informed people's families where appropriate about any changes to their health. People were supported by their families to access healthcare services when required and staff only attended hospital visits and appointments on request. Staff had information about people's health needs, the support they required to remain healthy, known allergies, their medicines and the healthcare professionals involved in their care.



Our findings

People received care from kind and caring staff. One person told us, "All the staff are very caring and understanding." Staff knew people well and had good working relationships with them. A relative told us, "The staff understand [my family member] and get on well with them."

People were encouraged to be as independent as possible. One relative said, "Staff encourage [my family member] to do as much as [she/he] can." Staff assessed and recorded in care plans each person's ability to undertake activities of their care. For example, one person's records stated, "Staff to prompt [person] to take their medicines." Staff understood the importance of supporting people to maintain their independence. One member of staff stated, "We don't take over but encourage [people] to do as much as possible for themselves." Records showed staff supported people to be independent by completing tasks that they were capable of doing such as dressing up, combing their hair, brushing their teeth or making their own cup of tea.

Staff treated people with respect and maintained their privacy and dignity. One person told us, "My carer will buzz and announce their presence before coming in." Another person said, "Staff respect me and my home." People using the service and their families agreed for staff to use a key safe when it was necessary to gain access to a person's home. Staff told us they respected a person's personal space when visiting their home, respected the diversity of the people they supported and understood their cultural and religious preferences. For example, staff knocked on bedroom doors and waited to be invited in, provided care behind closed doors and away from a person's visitors. Care records and daily observation logs were written in a dignified manner and indicated staff were respectful to people. Staff kept people's information and records confidential and returned completed documents to the office for safekeeping. Staff told us they shared information about people on a need to know basis and in line with the provider's confidentiality and data protection policies.

People at the end of life received the support they required. Staff had asked people about their end of life wishes. Appropriate advanced life care plans were in place and contained sufficient detail about how staff were to support people with pain management and how to keep them as comfortable as possible. Healthcare professionals were involved in providing palliative care and staff followed the guidance provided. Staff respected people's choices such as supporting them to remain at home at the end of their life if that is what they wished for.

People were involved in planning and making decisions about their care and support. One person told us,

"Staff encourage me to make decisions [about my care]." Staff held meetings with people and where appropriate with their families to discuss how each person preferred their care delivered. They were able to describe to us in detail each person's needs, likes and dislikes and how they wanted their care provided. Records confirmed this and showed staff listened to people and respected their preferences and choices about how they wished to live their lives. For example, people had indicated the time they wanted care provided, a choice of a bath instead of a shower and the room they preferred to have their meals in and these preferences were met.



Our findings

People received personalised care that met their individual needs. One person told us, "I discussed my care with a social worker and my family and agreed to have some support." A relative told us, "The care plan is very good. I was involved in all the planning." Staff assessed people's needs before they received a service using the information provided by the local authority commissioning team. This ensured that the provider could deliver appropriate care. Detailed assessments covered people's mental and physical health needs, mobility, nutrition and hydration, medicine management and the support they required with personal care. Staff had sufficient guidance about how to deliver care appropriate to each person. Care plans highlighted people's needs, the support they required, call times and the duration of each staff visit. People we spoke with and records confirmed the support provided by staff matched with the agreed support plans.

People's care was responsive to their individual needs. A monthly review of each person's needs enabled staff to identify changes to their health and the support they required. Regular updates of support plans aided staff to provide care that responded to people's changing needs. For example, when one person's mobility had declined, staff had made a referral to their GP and contacted their social worker. As a result of the referral, the person received a walking aid to support them with their mobility. The registered manager had increased the call visit time and number of staff providing care to the person. This enabled staff to provide care that was responsive to the person's changing needs due to their reduced mobility.

People who required support to undertake activities received the assistance they needed to do so. Staff supported people to access the community when required and according to their care plan. At the time of this inspection, no person had activities provision as part of their care plan.

People using the service shared their views about the service and the provider listened to what they had to say. People using the service and their families had the office and registered manager's numbers and email addresses to communicate any concerns. Staff used their daily interaction with people and care review meetings to get feedback about the service. The registered manager reviewed the notes of these meetings to check if they needed to act on any issues raised. The registered manager told us they encouraged staff to ask people if they were happy with their care to identify any concerns before they escalated.

People knew how to make a complaint if they were unhappy with the care provided. One person told us, "I've not had any complaints but if I did I am confident the office would help me." Each person received the complaints procedure when they started to use the service and felt confident to approach the registered manager to raise any concerns. An up to date provider's complaints procedure highlighted a clear process of

how concerns would be resolved and the timescales. The registered manager had resolved a complaint in line with the provider's procedures.

People using the service and their relatives made positive comments about the care provided by the service. Emails and compliment cards we read included comments such as, "I appreciate greatly all the wonderful work done by the staff" and "Thankful for all the great care."



Our findings

People using the service and staff were complimentary about the registered manager and the management of the service. One person said, "The service is very good." A relative told us, "The office staff will get back to you as soon as possible." A member of staff told us, "The [registered] manager is a role model and leads by example. He shows us how to provide good care." Another member of staff said, "They are quick to respond and will come out to support when needed."

A registered manager was in post and they showed a commitment to work within the regulations. The registered manager understood and met the legal requirements in relation to their registration with the Care Quality Commission. They submitted notifications in a timely manner as required. The registered manager ensured they promoted the duty of candour in their work by encouraging staff to be open about the care they provided and to acknowledge and learn from mistakes made.

People and staff told us there was a positive culture in the service that was focussed on the needs of people using the service. People knew the registered manager and said it was easy to communicate with the office staff. Staff understood their responsibilities and were clear about the provider's values to deliver high standards of care. The care manager worked closely with the registered manager to develop the service. Staff were supported in their role by a care manager who observed and monitored their work in the community through spot checks. This included observations of staff's punctuality, respect for people using the service and their property, and ability to carry out care tasks. An on call manager provided out of hours' and weekend guidance to staff and addressed concerns about people's welfare promptly. People's information was shared appropriately in daily handovers, the communications book, staff meetings and one to one feedback sessions.

People's care was subject to continuous review and improvement. The registered manager talked to people during spot check visits and asked if they were satisfied with care provision. Monthly staff and service user surveys were carried out and responses analysed with a view to improve people's experience of the service. The June 2017 people's survey showed a 100% satisfaction with the quality of care, staff's friendliness and caring skills. 95% were happy about the punctuality of staff for their call visits with the rest having experienced slight delays over the weekend. The provider had provided transport to guarantee staff's punctuality over the weekend. In addition, office staff carried out telephone quality assurance surveys and checked on staff's punctuality, quality of work, whether staff stayed the whole duration of the call and if care provided met their needs. The June 2017 report was positive and did not identify any shortcomings in care provision.

People received care that was subject to monitoring. Audits carried out on service provision ensured that staff maintained high standards of care to people. The provider reviewed care plans, risk assessments, daily observation logs and medicines administration records to check whether staff provided people's care as planned and in accordance with policies and procedures. The provider monitored staff training and development needs and supervisions to ensure staff remained competent in their roles and up to date with their knowledge. There were no concerns identified in the audits for the seven months prior our visit.

Staff were involved in developing the service. The registered manager kept staff informed about changes to their ways of working. For example, they had introduced a system where staff were put on standby and paid for a day's work to allow them to respond to new admissions to the service such as when people were discharged from hospital. Communication was good at the service and staff said they were updated about changes to people's health before they went back for the next shift or when they had been off work. Team meetings enabled staff to share ideas about improving the care they provided and discuss with colleagues any challenges they were facing. Staff said the registered manager listened to and acted on their concerns and they felt valued at the service. The registered manager discussed regulations about care during staff meetings to improve staff's knowledge of the environment they worked in. Policies and procedures about care provisions formed part of the team meeting discussions which ensured staff understood how to deliver care in line with these.

People received care in line with current best practice and legislation. A close working partnership between the provider and other agencies ensured people had their needs met appropriately. For example, the registered manager held regular meetings with healthcare professionals, social workers and a commissioning and brokerage team to discuss how best to meet people's needs. For example, the provider arranged meetings if there were changes to people's health or there were concerns about their safety to ensure the service continued to deliver a high standard of care.