

Nobilis Care North Limited

# Nobilis Care Oldham

## Inspection report

22b Salmon Fields  
Royton  
Oldham  
OL2 6HT

Date of inspection visit:  
05 April 2023  
11 April 2023  
18 April 2023

Date of publication:  
07 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Nobilis Care Oldham is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs. At the time of this inspection 200 people were using the service.

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

Medicine recording systems were not robust. Medicine records were not always complete and some were poorly maintained. People's risk assessments in relation to their care lacked detail and were not always updated.

We received mixed feedback from people and their relatives in relation to people receiving regular staff members for their visits.

Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. Governance systems required improvement.

Staff had received training in safeguarding people. People were protected from the risks of abuse and staff were trusted to keep them safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. The provider had systems in place to monitor staffing levels and ensure people received their visits. Staff received training in infection prevention and control and personal protective equipment [PPE] was readily available to them.

Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service.

Staff praised the registered manager and the wider management team within the service, they felt supported in their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 12 May 2021).

### Why we inspected

We received concerns in relation to the management of medicines, staffing arrangements and management support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found areas that needed improvement in relation to record keeping and auditing functions. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

### Enforcement

We have identified a breach in relation to maintaining accurate records and operating robust auditing systems.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request 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. We will continue to monitor information we receive about the service, which will help inform when we next 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nobilis Care Oldham

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 3 inspectors and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service under 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 5 April 2023 and ended on 18 April 2023. We visited the location's office on 5 April 2023 and 11 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 17 relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant systems were not robust which increased the risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Medicine recording systems were not robust. The medication administration record (MAR) template used did not have any sections which detailed which staff member wrote the MARs and when. This made it difficult to identify the staff member responsible for the record when things went wrong.
- Medicine records were not always complete and some were poorly maintained. For example, some MARs did not record people's allergies, their GP details and the strengths of their medicines.
- People's risk assessments in relation to their care lacked detail. For example, people's moving and handling risk assessments had basic details noted and did not always include details of the equipment people used.
- People's risk assessments were not always updated. For example, one person had a change in their moving and handling needs, and although different sections of the care plan had been updated the moving and handling risk assessment had been missed.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate complete and contemporaneous records were maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action and updated some people's risk assessments and adapted the MAR template. They assured us the necessary changes would be made. This was yet to be embedded into practice.

- People received their medicines. One relative told us, "They [staff] come in the morning and give [relative] their tablets, then they [staff] come around 8pm to give [relative] more tablets and get them ready for bed. There have been no problems."
- Staff were trained in the administration of medicines and had their competency assessed. The provider was also in the process of facilitating more in-depth medicine administration training for staff, which was due to be delivered by an external company in May 2023.
- Staff had received training in moving and handling and had their competency assessed.
- Accidents and incidents were recorded and monitored. There was a suitable system in place to report, monitor and learn from accidents and incidents.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. However, people's care records did not contain specific mental capacity assessments. The provider was aware of this and had rolled out mental capacity assessment tools before we visited. An action plan was in place to complete the assessments for all the people supported.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns. Staff told us, "If I think a client is in any danger or at risk of themselves or to others, I would need to report it to the manager" and, "If I noticed anything, any marks [on people] or any concerns, I would report it to the manager."
- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I have found the carers to be excellent, they are very good" and, "[Staff name] is lovely, brilliant, [staff name] is lovely as well, they [staff] are so nice."

Preventing and controlling infection

- Staff received training in infection prevention and control and personal protective equipment [PPE] was readily available to them. One person told us, "They [staff] always wear gloves and masks."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. The provider was also in the process of facilitating more in-depth medicine administration induction programme for new staff which was yet to be embedded.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "I have time to spend with the clients" and, "There is plenty of time to do the care [for people]. There are no missed calls and it is all about the client."
- We received mixed feedback from people and their relatives in relation to people receiving regular staff members for their visits. We fed this back to the registered manager who was aware of the situation and told us about staff sickness and ongoing recruitment which impacted people's visits.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. For example, the medicine audit tool used did not always pick up on the issues we found.
- Governance systems required improvement. For example, an action plan was implemented after the provider conducted an audit in January 2023. The action plan identified that care plans and risk assessments required reviewing and updating. This action was signed off as complete and stated all risk assessments had been updated. However, we reviewed 9 people's risk assessments and issues with the quality of these records still remained.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff praised the registered manager and the wider management team within the service, they felt supported in their roles. Staff told us, "The [registered] manager is really supportive. They ring us a lot to check we are okay. [Registered manager] always wants to help" and, "I get plenty of support from the [registered] manager."

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Relative told us, "They [staff] come twice a day and it has made such a difference to us" and, "I have never had to complain. The manager is lovely, they would contact me in a heartbeat [when needed]."
- The culture was open and inclusive. Staff said they enjoyed their roles and like the company they worked for. A staff member told us, "The staff morale is really good. Everyone is really happy. We are always liaising with each other. Never had any issues whatsoever."

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

- People's views had been sought through regular contact and surveys. A recent survey went out and the provider was awaiting the responses for analysis. We reviewed the responses received to date and found them to be positive. Comments included, "I am happy with Nobilis" and, "The timekeeping is good and it is nice to have the same carer where possible."
- The provider facilitated an employee engagement survey in 2022 with their staff from all their branches. The results were analysed, an action plan had been implemented and was still ongoing.

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, the registered manager built relationships with community and people using the services, and regularly dropped off weekend bakes and books to people using the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been effectively established to ensure accurate and contemporaneous records were maintained. Regulation 17(2)(c)</p> <p>Systems were not always robust to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)</p>