Cooper Noble Care Ltd

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Inspection report

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Date of inspection visit:
30 October 2017

Date of publication:
14 December 2017

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection was conducted on 30 October 2017.

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Additional support was also provided on an outreach basis. At the time of the inspection Cooper-Noble Care provided care for a total of 54 people who held their own tenancies. Only four of the 54 were receiving the regulated activity of personal care. The balance of 50 people were being supported in other ways to maintain their tenancies and access the community. The provider supported people with enduring mental health conditions to maintain and improve their health and independence in community settings.

A registered manager was in post. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. However the rating for the Responsive domain has improved from Good to Outstanding.

Why the service is rated Good.

The people that we spoke with were extremely positive about their involvement in the assessment and care planning process. They were equally positive about the impact that effective planning and implementation had on their health and wellbeing. We saw evidence of the positive impact that the service had on people's lives.

Health and social care professionals were extremely complimentary about the quality of care and support provided by the service.

We looked at the care plans for all four people receiving regulated activity. The quality of the information was exceptional. Each record contained extensive, person-centred information which included; life histories, descriptions of important relationships, goals, aspirations and risks.

People were supported to follow their interests and develop new ones as part of the planning and review process. Interests and activities included; holidays, work placements, shopping and volunteering.

A social care professional responding on behalf of the local authority said, 'I have spoken to a number of social workers about the response Cooper Noble have provided to the service users they support and again this has all been positive. They describe a person centred response to care in which individuals are thriving. I have found Cooper Noble to be very responsive to the needs of the city. When we have been in a position of requiring immediate placements, such as the closure of [named nursing home], they were very proactive in assessing individual's needs.'

We were shown evidence of the service accommodating the needs of people from different cultures and backgrounds. The needs and preferences of people from other cultures and faiths was clearly documented and available to staff. The provider also considered people's gender and sexuality as part of the assessment and planning process.

The service had a robust complaints procedure which required formal responses to be produced within very short timeframes. We did not see any evidence that any formal complaints had been recently submitted, but the registered manager and staff were clear about the process.

People using the service and their relatives told us that they felt safe being supported by Cooper Noble Care. We saw evidence that the service regularly provided additional support to people based on their needs. Staff knew how to recognised signs of abuse and how to report them.

Staff had been recruited safely and closely matched to meet the needs of people receiving a service. The staff files that we saw had been completed to a high standard.

The majority of people using the service did not require support with their medicines. Where support was required we saw that medicines were stored safely and securely.

We saw evidence that staff were trained in a range of subjects appropriate to the needs of people receiving support. Training was regularly refreshed and staff had been given support to access additional specialist training to improve their skills and competence.

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005 (MCA). The processes and records relating to the assessment of capacity and consent to care were thorough and well-detailed. Consent was sought and recorded in care records.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need.

People receiving support and the relative that we spoke with were extremely complimentary about the quality of care provided by staff and the positive impact that it had. It was clear when speaking with staff and observing their practice that they knew people well and had positive relationships with them.

People's privacy and dignity were protected by staff in all aspects of care and support. Confidential records were stored securely and discussions about people were always conducted respectfully behind closed doors.

The service was well managed. People using the service, relatives, staff and professionals spoke very positively about the registered manager and the general management of the service.

It was clear that service was developed with input from people receiving support and staff. The provider regularly issued questionnaires and surveys. We saw that the information from questionnaires and surveys was used to develop activities, secure new resources and drive quality improvements.

The provider had a clear vision and strong, consistent values in relation to the provision of care and support. The registered manager and other staff were able to explain the vision and values of Cooper Noble Care in clear terms.

The registered manager and other senior staff were well-known to people using the service and regularly visited and worked to support people in their homes. The registered manger completed regular audits of safety and quality.

The ratings from the previous inspection were displayed as required at the registered office and on the provider's website.

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 remained Good.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The quality of care plans and person-centred information was exceptional.

There was clear evidence that people were actively involved in discussions about their care needs and aspirations.

Information had been used very effectively to support people towards greater independence and to access community-based activities.

People had been supported to develop and maintain important relationships with family and friends.

Is the service well-led?

Good

The service remained Good.

Cooper Noble Care Ltd

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 was planned to check 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.

The inspection took place on 30 October 2017 and was announced. The inspection was announced because this is a small provider and we wanted to ensure that staff were available to support the inspection. This provider was previously inspected in January 2016, but due to a technical issue the previous report was produced with an incorrect address. The previous report can be accessed via a link on the main CQC website.

The inspection team consisted of two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their friends, staff and the registered manager. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

We asked people if they felt safe receiving their care and support from Cooper Noble Care. Comments included, "Oh I feel safe. I can sleep well knowing I can call on the staff" and "I really feel safe here." The other people that we spoke with told us that the service was safe and that staff were consistent.

The provider was not commissioned to provide 24 hour support for each location and made use of a range of security systems to promote safety when staff were not on the premises. This was backed-up by a 24 hour on-call services. Each of the people that we spoke with understood how to use this service if they needed to. We saw evidence that the service regularly provided additional support to people based on their needs.

People were protected from the risk of abuse or discrimination because staff knew each person well and were trained in appropriate topics. Staff knew how to recognised signs of abuse and how to report them. Accidents and incidents were routinely recorded and analysed to re-assess risk. Risk assessment documentation was detailed and subject to regular review.

Staff had been recruited safely and closely matched to meet the needs of people receiving a service. The staff files that we saw had been completed to a high standard. Each staff member had two references and a Disclosure and Barring Service (DBS) check on their file. A DBS check is a process for checking if staff are suited to working with vulnerable adults.

The majority of people using the service did not require support with their medicines. Where support was required we saw that medicines were stored safely and securely. We also saw that medication administration records (MAR) had been completed correctly.

Good

Is the service effective?

Our findings

The people that we spoke with were clear that staff had the right skills and experience to provide the specialist care required. One relative said, "Other carers from past companies have been young and inexperienced, these are older and more experienced. They know what they are doing." While a person receiving support told us, "[When I first came here] I was off my meds [medication] and paranoid. Staff calmed me down. I take all me medication now. Everyone can see the change in me."

We saw evidence that staff were trained in a range of subjects appropriate to the needs of people receiving support. Training was regularly refreshed and staff had been given support to access additional specialist training to improve their skills and competence. For example, management training. Staff were given regular supervision and told us that they felt well supported by the provider.

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.

People's capacity was assessed and consent sought in accordance with the MCA. The processes and records relating to the assessment of capacity and consent to care were thorough and well-detailed. Consent was sought and recorded in care records.

People's dietary needs and preferences were clearly recorded in their care records. We saw evidence in care records that people were supported to budget, shop-for and prepare their own meals in accordance with their dietary needs and preferences.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need. For example, to attend reviews with psychiatrists. Information regarding health and appointments was clearly recorded in care records.

Good

Is the service caring?

Our findings

People receiving support and the relative that we spoke with were extremely complimentary about the quality of care provided by staff and the positive impact that it had. Comments included; "The girls [staff] are very kind and friendly. You can't want much more."

It was clear when speaking with staff and observing their practice that they knew people well and had positive relationships with them. Staff got to know people initially by accessing care records which used respectful, detailed descriptions. They were then required to shadow [work alongside] a more experienced member of staff before working independently.

Each of the people that we spoke with understood how to make choices about their care and support. We saw from their interactions with staff their choices were understood and respected. The service actively promoted people's independence through positive risk taking. We saw that the promotion of independence was highlighted in people's care plans and risk assessment documents. For example, one person had been supported to secure a driving license and purchase a car.

A number of people receiving support made use of independent advocacy services. Access to advocacy was promoted by staff and managers.

People's privacy and dignity were protected by staff in all aspects of care and support. Confidential records were stored securely and discussions about people were always conducted respectfully behind closed doors.

Outstanding ☆

Is the service responsive?

Our findings

The people that we spoke with were extremely positive about their involvement in the assessment and care planning process. They were equally positive about the impact that effective planning and implementation had on their health and wellbeing. One person who had an extended period of care within the healthcare system said, "[The provider] offered me a flat. I didn't trust them at first. [The registered manager] brought me here. I thought it was too good to be true. They got me furniture. I've now got money in the bank, clothes and a beautiful home. The last 14 months [supported by the provider] has wiped-out the previous 38 years. I couldn't ask for any more" and "They [staff] care about what they do."" Another person who spoke with us explained how they had been supported to quit smoking. They said, "I'm cutting down. I'm on about five to ten a day now. I've got more money and I can breathe better. My decision to stop smoking is all in my care plan." We checked the relevant care records and saw this was the case.

We looked at the care plans for all four people receiving regulated activity. The quality of the information was exceptional. Each record contained extensive, person-centred information which included; life histories, descriptions of important relationships, goals, aspirations and risks. The records that we saw emphasised people's skills and competencies as well as their care and support needs. They provided clear instruction and rationales for staff to ensure that people were engaged and motivated. For example, one record stated, '[Service user] will spend the least amount possible on food and therefore needs assistance and guidance in meal planning.' Another example stated, 'Staff to give [service user] a call as [service user] has difficulty getting up in the morning.' This was clearly signed and agreed to by the person concerned.

Information was recorded from both a personal and professional perspective. For example, in one care record 'Self-perceived needs' were recorded as; support to manage flat, feels responsible for [relative's] welfare and mobility is a problem. The section on 'Needs perceived by others' included the same information, but made additional reference to; support with a healthy diet and '[Service user] would benefit from attending a course in increasing self-confidence to enable an improvement in quality of life.' We asked staff if the person had attended the course and were told that the course had been identified, but the person was yet to agree to attend.

In another example, a person receiving support told us how the provider had supported them to maximise their entitlement to benefits to improve their quality of life and offer greater choice. They said, "They encouraged me to get more benefits and went with me to appointments. They helped me to appeal when I failed. They wouldn't give in. I've [now] got enhanced [benefits] and a new lease of life."

Another person was supported to move to ground floor accommodation following a fall. They told us that they did not want to move but understood the reasons because staff had explained the risk of staying where they were. We saw that the decision-making process was clearly recorded in care records and that the plan was to return to the person's original home when a ground-floor flat became available. In the care records relating to the same person staff had recorded important information to support their health, wellbeing and development. The care record stated, '[Service user] would at some point in the future like to participate within voluntary work and is looking to return to Mary Seacole House to improve [their] social skills.' It went

on to state, 'Any further move in strategies should be led by [service user] as this may impact on [their] mental well-being causing anxiety.' This demonstrated that the provider clearly put people at the centre of the decision-making process and acted in their best-interests.

This service clearly considered people's needs from a range of perspectives. This was especially important because people's mental health conditions could impair their ability to identify their full range of needs. Where necessary and appropriate these needs had been discussed and agreed with the person, their representatives and healthcare professionals. This was recorded in detail within care records. When we spoke with staff they understood each person and accommodated their needs and preferences in the provision of care and support.

People were supported to follow their interests and develop new ones as part of the planning and review process. Interests and activities included; holidays, work placements, shopping and volunteering. The provider had secured funding to run an art therapy group. We saw evidence of the pieces produced by the group displayed prominently in people's homes. One person told us that they had secured a voluntary position with assistance and encouragement from staff. The same person had been supported to re-connect with their family and develop positive relationships. They told us, "My family come and visit and I go to see them." Another person had been supported to develop positive relationships with family members through the agreement of clear guidelines for contact. The care records that we saw explained in detail how this was to be achieved safely and how important it was to the person's health and wellbeing.

In another example a person using the service was supported to access a wide range of community based activities including; attending football matches, going to the theatre and going on short breaks. Where practical, activities were scheduled for the afternoon or evening to accommodate a significant health issue which was more evident in the mornings. We saw photographic evidence of the person being supported by the registered manager and clearly enjoying their experiences.

We were provided with evidence of other people who had been successfully supported to live in the community following extended periods of institutionalisation. In some cases they had been successfully discharged from healthcare services because their mental health had improved and stabilised.

A social care professional responding in writing on behalf of the local authority commented, 'I have spoken to a number of social workers about the response Cooper Noble have provided to the service users they support and again this has all been positive. They describe a person centred response to care in which individuals are thriving. I have found Cooper Noble to be very responsive to the needs of the city. When we have been in a position of requiring immediate placements, such as the closure of [named nursing home], they were very proactive in assessing individual's needs.'

A community mental health nurse contacted the provider and reported, 'I wanted to let you know how well [service user] is doing. The [service user] concerned would not engage with anyone prior to being placed with you. I know that [service user] is engaging well with the support worker and is obviously benefitting from this.'

In response to a survey of professionals, one person commented, 'A very high quality service and certainly the best by far I have had the opportunity to work with. I know if my relative had mental health issues and needed supported accommodation I would choose CNC (Cooper Noble Care) above all others. Nothing is too much trouble and all staff are highly motivated, very experienced and have excellent value based approach towards service users.'

We were shown evidence of the service accommodating the needs of people from different cultures and backgrounds. For example, one person chose to eat a Halal diet as part of their religion and cultural preferences. The needs and preferences of people from other cultures and faiths was clearly documented and available to staff. The provider also considered people's gender and sexuality as part of the assessment and planning process. Information, advice and training regarding equality and diversity was readily available to people using the service and staff.

We heard from a number of sources that the provider regularly provided additional hours that were not formally commissioned. This was available to people who developed a specific, short-term need. For example, when their mental health deteriorated or they needed support to attend an activity. We discussed this with the registered manager and examined staff rotas. We saw that the additional hours were provided as described and were, "A cornerstone of the service" that reflected the provider's flexible, responsive culture. A significant proportion of these additional hours were provided by the registered manager and other senior staff.

The service had a robust complaints procedure which required formal responses to be produced within very short timeframes. We did not see any evidence that any formal complaints had been recently submitted, but the registered manager and staff were clear about the process. Each person using the service that we spoke with confirmed that they had not submitted any formal complaints, but knew what to do should they need to. The complaints procedure was displayed and readily available to people using the service and their families.

Good

Is the service well-led?

Our findings

People using the service, relatives, staff and professionals spoke very positively about the registered manager and the general management of the service. Comments included; ""Good communication", "Quick to respond to any questions" and "It's a good company. We [staff] are all treated the same. You're not afraid to say anything to anyone."

It was clear that service was developed with input from people receiving support and staff. The provider regularly issued questionnaires and surveys. We saw that the information from questionnaires and surveys was used to develop activities, secure new resources and drive quality improvements. For example, funding had been secured through a partner organisation to educate people on the risks of using loan sharks when this had been identified as a problem. The provider also ensured that regular tenant's meetings were conducted to share information and secure people's views.

The provider had a clear vision and strong, consistent values in relation to the provision of care and support. The registered manager and other staff were able to explain the vision and values of Cooper Noble Care in clear terms. Information on the provider's website served to reinforce key messages and focussed on the provision of high-quality, person-centred, responsive services that promoted people's health, wellbeing and independence. We saw evidence that the provider had strong links within the community and was working in partnership to develop and share best-practice.

The registered manager and other senior staff were well-known to people using the service and regularly visited and worked to support people in their homes. The registered manger completed regular audits of safety and quality.

The management of the services was supported by an extensive set of policies and procedures which were readily available to staff. This included guidance on; adult safeguarding, whistleblowing (reporting concerns outside of the organisation) and medicines. Staff understood what was expected of them and acted in accordance with policies and guidance.