

Noble Live-In Care Ltd

Noble Live-in Care

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 started with a visit to the office location on 22 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 24 June we made calls to people who use the service and staff to gain their views and experiences. This was Noble Live-In Care's first inspection since they registered with CQC in May 2016.

The inspection was carried out by one adult social care inspector. At the time of this inspection the service was providing the regulated activity of personal care to 15 people who lived in their own homes. The agency was providing care to people in different locations throughout England. These services were managed by the agency from an office in South Gloucestershire. People using the service, their families and Noble Live-In staff used the term 'care companion' when referring to care staff. Therefore, we will refer to staff as companions in the report and staff when we refer to them collectively. The management team consisted of the provider, registered manager, a training coordinator/care manager and a recruitment/administration manager.

There was a registered manager 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.

The feedback we received from people was very positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff and services provided. One person told us, "The whole experience has been first class, I couldn't have wished for more".

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The whole staff team were highly motivated and proud of the service. All staff were fully supported by the management team and a programme of training and supervision enabled them to provide a good quality service to people. The registered manager, provider and all staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care companions who knew them well. People had positive, caring relationships with their companions and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity and promoting independence. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs

were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The provider had implemented a programme of 'planned growth' that had been well managed. The provider and registered manager were very committed to continuous improvement. The registered manager demonstrated strong values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the providers recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where necessary people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect and often went above and beyond their roles.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Noble Live-in Care

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was Noble Live-In Care's first inspection since they registered with CQC in May 2016. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with three people who used the service, a relative and three care companions. We spent time with the provider, registered manager and training coordinator/care manager. We looked at three people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, minutes of meetings, accidents, incidents, complaints and, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. We asked people if they felt in safe hands. Comments included, "They are excellent, I feel in very safe hands, it's all very, very good", "The staff give you a feeling of confidence and security", "I am totally safe" and, "I feel reassured my mother is looked after well".

The provider had an up to date safeguarding policy in place. People's care records detailed the local procedure and contacts for the safeguarding teams in the areas in which people lived. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified would include the local authority, CQC and the police.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause of accidents or incidents.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Care was usually provided by one live-in companion but in some circumstances dependency and needs meant that more than one live-in companion would be in place. This included such things as a decline in health, when receiving end of life care, or for those following a discharge from a hospital, requiring rehabilitation. People confirmed that companions stayed at their home for several weeks/months at a time and that this was positive for consistency and continuity when receiving care provision.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services' policies,

procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed/supported until they felt confident and competent to do this alone. Practical competency reviews were completed with all staff to ensure best practice was being followed.

Is the service effective?

Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. Staff confirmed that the induction and subsequent training they received was effective.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care and end of life care. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. Written comments included, "The training was delivered perfectly and it made it interesting", "I have learned a lot and feel more confident", "The trainer is excellent and very helpful", "Great stuff, I have learnt new things, it was really good" and, "There were lots of practical and theory sessions and I enjoyed the useful group discussions".

The service had a small, steadfast group of staff who felt supported on a daily basis by the registered manager, and other colleagues. Additional support visits, supervision and quality checks were provided to all staff. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Comments from staff included, "It's always great to have that contact and opportunity to discuss things", "I enjoy the visits they make feel that I am important and they want to support me" and, "They are very useful, I look forward to them".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. Everyone had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person required was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager. We saw that referrals had been made to speech and language therapists because there were concerns over people's swallow reflex and an increased risk of choking. Advice and guidance had also been sought from GP's and dieticians when people had been at risk of weight loss.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

Noble Live-In Care provided a very caring service. Positive, caring relationships had been developed with people and their families. When the care package started people were introduced to their companions who would be staying with them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar companions. Live-in companions stayed with people for an agreed period of time before being replaced by another companion. This was in circumstances where companions required time off. People told us this system worked well. Comments included, "It works exceptionally well, I can't thank them enough", "Companions become an important part of your life, the continuity is first class" and, "My companion needs time off they have a life too, my replacement companion is equally lovely and knows me very well".

We received heartfelt praise from people about their care companions. Comments included, "The care companions are absolutely marvellous", "I get on very well with my companion, highly professional with a great sense of humour and unlimited kindness", "I could tell at a glance that things were going to be most satisfactory, my companion is conscientious and absolutely wonderful, I can't thank her enough".

Relatives had written to the service about their thoughts about companions and here are just a few examples, "I have just arrived home and would like to thank you all for sending us our new companion for mum. She is an absolute delight. Mum has taken to her very quickly and keeps telling me how good she is. She is extremely conscientious, calm, patient and friendly, and seems to just know how to fit in. I have come home feeling mum is in very capable hands, thanks again she is an excellent choice" and, "I visited dad yesterday and was very pleased to meet his companion who is delightful. He seems happy and comfortable in all aspects, she certainly lives up to your high recommendation of her. A great relief all round that is working out so well".

Extensive thought and care was invested when 'matching companions' to people who used the service. This rigorous process had a positive impact for people and there had been very few occasions where matches had been unsuccessful. It was evident the management team had worked together with people and their families to build up relationships based on trust and confidence. They had really got to know people so that matches would be meaningful and effective for everyone. People confirmed this when we spoke with them and shared with us their thoughts on the process and how it had worked for them personally. Shared personal interests were always taken into consideration including, mutual appreciation of history, culture, music, literature and politics. One person had been writing a book and they were delighted when they found out their companion was also attempting to write a book. One person told us, "It's so important to be able to have a stimulating conversation and shared interests. It helps you stay young and motivated. I enjoy listening about my companions life and equally she seems to like me waffling on about mine!". One relative told us, "The selection process is rigorous and it pays off. Sometimes it's just the little things. My relative prefers a quiet gentle life, the companion is quiet yet efficient and they have a good rapport".

Staff shared with us their thoughts about the people they lived with and why the selection process was so

successful. One companion told us, "I cannot fault the selection and allocation and they get it spot on. It's not like working it's a way of life and having a certain new person in your life". Other comments included, "I am companion to a sharp, intelligent man. He is a lovely person and I learn so much from him. Everything is so interesting particularly discussions about different cultures, history and politics" and, "We both have a love of classical music which we often enjoy in the evening. He also enjoys reading to me and I have great pleasure in listening to him".

The registered manager and companions shared with us various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. They demonstrated a positive commitment to people and would always go that extra mile in order to ensure they felt valued. We heard some heart-warming accounts where the service had improved lives for people. It was evident that staff had shown patience, understanding and true commitment. For the purpose of the report we are sharing some examples of where staff had made a difference to people's lives and their loved ones. One person told us, "I never thought life could be like this for me and my wife again. We are thrilled that we continue to improve with the care and consideration from our companions and we are looking forward to life".

Companions protected people from social isolation and recognised the importance of social contact and the need to continue with things that interested them and that they enjoyed doing previously when they were fully independent. This included supporting a person to be able to use their season tickets for football and cricket, taking one person to their local public house where they enjoyed participating in karaoke sessions and supporting someone to attend concerts, exhibitions and pursue their passion for the arts by not only accompanying them but also actively looking for events that would be of interest to them. One companion was assisting a person so they could enjoy a holiday with their family, another person told us, "I have a lovely holiday I am looking forward to thanks to the help from my companion". Other acts of kindness included two companions who helped a client's transition from their home to a nursing home facility. They travelled two hours each way every day for two weeks until the person felt settled. Another companion visited their client every day when they were in hospital because their family did not live nearby.

Companions were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Their practice was monitored when they were observed during quality checks when in people's homes. We asked people who use the service if they felt companions were respectful. Comments included, "My companion is very dignified when delivering my personal care, she is careful and sensitive", "I am treated with utmost respect, it's a mutual respect for each other", "I am well aware this is my home but it's important to me that my companion can feel it's like hers and that she feels welcome", and, "Oh my goodness they have integrity and total respect, they make you feel comfortable and are not intrusive in the least".

Care companions were mindful they were 'privileged visitors' in people's homes and respected this. They told us, "I always respect that this is their home, I am extremely grateful for my surroundings and I am lucky to live in a nice peaceful place, with a lovely gentle man", "I am always very discreet when I need to be, you get to know people over time and when they want to be alone and have some space" and, "Relationships are built on trust over time and showing respect and maintaining someone's dignity is paramount".

Is the service responsive?

Our findings

The service was responsive. People told us they were very happy with the care and support they received. They confirmed that the registered manager completed a thorough assessment when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met. One person told us, "I had no idea this type of service was available, I was living in a care home but I wasn't at all happy. Through my own research I found Noble, they have been first class since the beginning and eliminated any worries that I had when we first met".

Care plans were developed detailing how people wanted to be supported. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and outlined personal preferences, likes and dislikes. They provided companions with a good level of guidance about people's preferred daily routines and what level of assistance was required. People's changing needs were responded to quickly and appropriately. One person told us, "It's always about me, I am constantly asked if I am ok, what would I like to do and how can they be of assistance, it's all very reassuring".

Staff recognised when people were unwell and reported any concerns to a person in charge. They were confident enough to contact GP's or emergency services if required. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. One person told us, "I am amazed how my wife has improved thanks to the care delivered by our team of companions. She was very poorly and couldn't get out of bed. Now she is up every day, reads the newspaper and can walk short distances".

There was a sense of an empowering culture for people. Independence and autonomy was promoted at all times and was at the centre of all care and support people received. Support pathways were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening these. People had been referred to community physiotherapist and occupational therapist (OT) professionals so that staff were equipped with guidance, knowledge and equipment to support people effectively. The registered manager shared with us examples where people's mobility had improved through companions encouraging regular exercise techniques. Community professional resources/visits to people were limited and by training staff to assist people with their exercises they had improved more quickly.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and all staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. One relative told us, "I find everyone very approachable, we are listened to and they take the appropriate action".

to resolve things. They are receptive to suggestions and change things in order to ensure we are happy".

Is the service well-led?

Our findings

People received care and support from a well-led service. People who used the service told us, "We have a good rapport with all the managers and directors, it's a close knit, helpful team, it gives you a huge feeling of confidence and security", "They are an effective, caring organisation that reduced any anxieties I may have had as soon as I first met them" and, " They are a wholly professional team from the top and down. An excellent care facility that has made a positive impact on our lives".

The service had developed and sustained a positive culture in their first year. Throughout our inspection we found the provider, registered manager and management team demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, that care companions were well supported and managed and that the service was promoted in the best possible light.

There was a strong emphasis on continually striving to improve the services provided. The provider had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had slowly built a small staff team with a clear management structure. They told us they were all feeling settled and excited about moving the service forward. They were proud of the service and wanted it to be a positive experience and place for everyone.

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. The caring ethos of the service included 'being there for staff and making them feel valued'. One of the management team told us, "A happy companion makes a happy client. We pride ourselves in valuing staff, we know them all very well. We are very mindful of staff becoming isolated and lone working, we have rapid response strategies in place should they need us and we are available 24 hours a day, seven days a week".

We asked care companions what it was like working for the service. Comments included, "I am very happy, I always feel valued and I am always impressed by their passion", "It's so lovely working for Noble, right from the start the training was in depth, it's a fantastic experience and I can't imagine doing anything else now" and, "We receive 100 per cent support from the management team, it's a pleasure to do what we do, we are very privileged".

As a team they had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan for the future to improve and further enhance current good practice they were achieving. They conducted mock inspections based on the KLOE's to help support and promote this. Policy and procedures were reviewed quarterly to assess if they remained effective and up to date with current best practice and guidance.

Monthly quality meetings were held and we were told these were, 'effective, valuable forums'. The agenda included, plans for moving forward, setting smart objectives, what had gone well, not so well and lessons learned. The minutes of the meetings evidenced productive conversations and enabled the team to develop

action plans where improvements required had been identified.

Regular audits were carried out including health and safety, environment, care documentation, medicines, recruitment, supervision, training, accidents, incidents, complaints and safeguarding.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.