

MiHomecare Limited

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

About the service

Noble Live-in Care is a domiciliary care service that provides personal care to people 24 hours a day in people's own home. At the time of our inspection there were 70 people receiving personal care from 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

People were supported by staff who had recruitment checks completed prior to working with vulnerable adults. People were happy with the support they received from staff and felt safe. Care plans were personalised and contained important information such as hobbies and interests as well as guidance for staff in how to support the person including any risks or mobility needs.

People were supported by staff who received training and supervision although two staff were unable to demonstrate a good understanding of the different types of abuse. Action was taken by the operations manager following our inspection. New staff received an induction prior to working with vulnerable people. Staff promoted people's independence and staff had a good understanding of how to promote people's privacy and dignity.

People were supported by staff with their dietary requirements and care plans contained important information such as if people had any sensory impairment or an identified lasting power of attorney decision in place.

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. Staff spoke about people in a respectful manner and they supported people to make decisions about their care and support. Staff respected people's privacy and dignity and they gave examples of how they promoted people's independence such as brushing their own teeth.

The provider had quality assurance systems in place which identified shortfalls and areas of improvement. Staff feedback was sought, and the provider was planning on how to seek feedback from people in an accessible way. We shared feedback we had received as part of the inspection so improvements could be made.

Rating at last inspection and update

This service was registered with us on the 14 August 2020, and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Noble Live-in Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange for the Expert by Experience to speak with people and relatives over the phone.

Inspection activity started on 23 June 2022 and ended on the 6 July 2022. We visited the office location on the 28th June 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from three professionals who work with the service. However, we had no replies.

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 reviewed a range of records such as four people's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service such as incidents and accidents and quality assurance audits. During the inspection, we spoke with the registered manager, the operations manager, a locality manager and the quality lead.

As part of the inspection we contacted four support members of staff, two relatives and two people who use the service. The Expert by Experience contacted two people by phone and 13 relatives about their care experience.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to raise concerns. Although, two staff were unable to confirm the different types of abuse. Both staff had received training in safeguarding adults. We shared this with the operations manager who confirmed they would provide both staff with refresher training and supervision to improve their knowledge.
- One relative when asked if they felt their loved one was safe told us, "Yes because there is always someone with them and they contact me if there are any problems". Another relative told us, "They keep (name) safe."
- The registered manager and provider had a system in place that monitored concerns including actions taken. The provider had audits that checked actions were taken when concerns were raised.
- The registered manager confirmed they worked in partnership when concerns were raised. They gave example of when this had happened.

Assessing risk, safety monitoring and management

- People's care plans contained important information relating to any risks. Risk assessments were up to date and contained important information such as how staff might need to support the person with their mobility including how to use the equipment.

Staffing and recruitment

- People were supported by staff who had checks completed prior to their employment with Noble Live-in care. Checks included, identification, references and a disclosure and barring service check (DBS). A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager confirmed staff were matched with people to ensure they were suitable to support the person's individual needs. People and their relatives were happy with the member of staff who was supporting them at the time of the inspection however we received some feedback that people might not have been well matched with a suitable member of staff in the past. More information can be found in the responsive section of the report.

Using medicines safely

- People were support by staff who had received training in the safe administration of medicines.
- People's care plans contained important information such as if the person was independent with their medicines or if they required assistance.
- Checks were in place to ensure people received their medicines safely and locality managers undertook spot checks on staff practice.

Preventing and controlling infection

- People were supported by staff who had received infection control training.
- Staff undertook regular testing.
- Staff had access to personal protective equipment, this was used when supporting people for example, with personal care.
- The registered manager had completed an environmental risk assessment for the office environment. Procedures were in place to ensure staff undertook a test prior to visiting the office. Office staff followed socially distancing rules, where able.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were logged. Records confirmed action taken and any learning.
- The provider shared learning across the different services so that lessons could be learnt to prevent similar incidents from happening again. Records confirmed this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained important information relating to their individual needs such as their preference of language and any sensory needs.
- The provider had an assessable format policy should people require their care plan in an alternative format.
- People were supported by staff who had a good understanding of how to support someone with their individual sensory needs. For example, one member of staff told us, "When I support (name) I get really close and talk to them near their ear so they can hear me".

Staff support: induction, training, skills and experience

- People were supported by staff who felt supported and who received an induction at the start of their employment. The induction was over four days and covered topics such as roles and responsibilities, person centred care, personal development, equality diversity, moving and handling and nutrition and hydration. Staff could also access a fourth day of training which included cerebral palsy, multiple sclerosis, learning disability and supported living should they need this.
- The registered manager had a training matrix of what training staff had received. The provider's mandatory training included training such as medication awareness, health and safety, food hygiene, mental capacity, basic life support, manual handling, safeguarding, infection control and dementia awareness.
- Staff received supervision and an annual appraisal. The registered manager monitored the compliance of this. Records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff with their dietary needs.
- Care plans contained important information relating to any dietary requirements and allergies.
- Care staff had received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff with referrals to health care professionals such as GP's, district nurses and speech and language therapists. One relative told us, "They got a speech therapist which helped".
- Relatives told us staff sought access to health care services when required. One relative told us, "The carers we have will get the district nurse round if needed". Another relative told us, "They let me know if (name) is poorly and will call the district nurse or doctors if needed".

- Care plans contained important information such as the doctors practice details and who to contact in the event of an emergency.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's care plans contained important information relating their capacity.
- Care plans had important information such as if people had a lasting power of attorney decision in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care and they felt staff were kind and caring. One person told us "I'm so so happy".
- Most relatives told us staff were kind and caring, "They are kind and caring" and "Yes they are very kind". Another relative said, "The care is fantastic". Another relative said, "Not had any poor carers. They've been kind and caring people".
- Relatives told us improvements had been made when they had not always been happy with the care and support provided by staff. One relative told us "We can't fault our present carer, we did have to change the last one quickly cos (they) were to bossy. But this one is wonderful". Another relative told us, "The previous carers, I can't tell you how many we've had at least one was asked to leave and we said don't send (them) back. But that's all been resolved and in the past. These ones are good".
- People were supported by staff who had received equality and diversity training. All staff spoke about people in a respectful manner. However, one member of staff was unable to demonstrate a clear understanding of equality and diversity. We fed this back to the operations manager who confirmed the member of staff would receive some re-fresher training.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who supported them to make decisions about their care. One person told us, "I lead everything. I couldn't be happier".
- Staff were able to give examples of how they support people to make choices about their care and support. One member of staff told us, "I give them choice about what food they would like, or what they would like to watch on TV and what clothes to wear". The member of staff explained if they needed to, they would visually show the person the options available to them so they could decide.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. Staff were able to give examples of how they supported people daily with their individual needs such as closing doors, shutting curtains and covering people with a towel to ensure their dignity and privacy was respected.
- Staff promoted people's independence. For example, one member of staff told us, "I give people the toothbrush to brush their teeth themselves". They went on to say, "I always encourage people to do what they can for themselves".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered manager kept a compliments and complaints log. Including who had made the complaint and when it was resolved. The provider had a complaints policy in place.
- People we spoke with were happy about the care and support they received. Various compliments had been received about the service. These included, '(name) was extremely grateful for (name of carer) and Noble. I didn't really know what to expect from a stranger living in their home to help with (name). But (name of carer) had been absolutely superb and (they) are tremendously grateful'.
- Another two compliments included, '(name) is a fantastic carer, we get on very well and (they) look after me' and '(name) is excellent, very nice and calming. I like them. Compliments were shared with staff in a monthly newsletter.
- We received some mixed feedback from relatives during our inspection. Although most relatives were happy some negative comments included, some staff lacked initiative, poor communication with the office, some staff could not cook and there was a language barrier for some people, which affected good communication and getting appointments. We fed this back to the registered manager so that any learning from relative's experience could be improved upon.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate and access personal interests and hobbies. For example, one person was a keen gardener. Their support plan contained important information for staff to know about what this meant for them and how to support them to maintain their garden.
- People's care plans contained important family information such as relationships that were important to the person. All care plans we reviewed had the person's interests and hobbies recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a pre-assessment prior to receiving care and support. Pre-assessments were undertaken on the phone by a member of the business team. This information was then shared with the locality manager who undertook a face to face assessment meeting with the person and if required their representative.
- Staff undertook a handover prior to starting their shift. This covered topics such as medication, allergies, any environmental issues and important information such as what help and support the person required.
- People's care plans were regularly reviewed, through a mixture of monthly telephone monitoring and face to face reviews. Face to face reviews were undertaken every three and six months. Care plans recorded people's reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an Accessible Information Standard (AIS) policy to support people if they required information in an accessible way. No-one at the time of our inspection required information to be modified in any way. The registered manager confirmed this could be done when needed.

End of life care and support

- No one at the time of our inspection was receiving end of life care.
- People's care plans had important information such as their medical histories, diagnosis, and any allergies.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All staff we spoke with felt there was an emphasis on teamwork. One member of staff told us, "We're a tight knit team". Another member of staff told us, "So supportive. Nothing is too much trouble".
- The provider had a list of expected values and behaviours of staff. These included, 'We care, we listen, we strive, and we build'. Staff were expected to respect and protect people speaking up for people if required. The provider aimed to build trust, reputation and partnerships to achieve the best outcome for people whilst continuously improving.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to learn when things go wrong. They promoted a culture, which was open and transparent to prevent similar incidents from occurring again.
- Incidents and accidents were monitored by the registered manager and the quality team. Where improvements could be made actions were taken. For example, where there had been an increase in reported falls additional training had been provided.

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

- The registered manager and provider had quality assurance systems in place. These monitored compliance around performance such as training, supervisions and care plan reviews. Other checks in place included the monitoring of incidents and accidents, safeguarding, complaints and medicines management.
- The provider had a service improvement plan in place. This identified areas which required improvement and in turn improved the quality of the care and support for people.
- The registered manager was aware of their responsibilities and when to send statutory notifications. These are notifications, which inform the Care Quality Commission (CQC) of events happening in the service.
- The service had five locality managers. Each locality manager lived within their working area, which they were responsible for. They were responsible for supporting and supervising staff and visiting people to undertake reviews and spot checks.

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

- People's views had yet to be sought through a yearly questionnaire. The registered manager confirmed they were looking into how was best to gain people's feedback to ensure it was accessible to all.
- Staff views were sought through satisfaction questionnaires. Where improvements were identified the provider had implemented an action plan. Improvements included, training, improving communication and progression opportunities. Staff views were sought following implementing these changes to see how effective these improvements had been.
- Staff were recognised for their hard work and contribution within the service. Compliments were shared within a monthly newsletter.

Continuous learning and improving care; Working in partnership with others

- The registered manager held twice a week virtual meetings with the locality managers and senior managers. This was an opportunity to discuss how placements were going along with any other operational issues.
- The registered manager and the business team worked in partnership with other organisations and health and social care professionals. Such as social workers and (SOLLA) the Society of later life advisers. Through networking and connecting with SOLLA staff could access additional bespoke training by the service to increase their understanding around lasting power of attorney and court of protection.