Nobilis Care North Limited

Nobilis Care IOW Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Nobilis Care IOW Ltd is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Nobilis Care IOW Ltd received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 144 people were receiving a regulated activity from the service.

People's experience of using this service and what we found
Although people told us they felt safe, we identified specific risk assessments had not consistently been completed, as required to provide guidance to staff on how to monitor people's specific conditions.
This was immediately addressed by the registered manager and risks to people had been mitigated by a well-trained, knowledgeable and experienced staff team.

People told us staff supported them with medicine safely. However, some improvements were required in relation to ensuring people received their medicine as prescribed.

There were mixed views in relation to the timing of care calls. However, the management team were working hard to provide people with appropriate times to meet their needs. People were supported by staff who knew them well and had been safely recruited. Staff wore appropriate personal protective equipment and followed government guidance on COVID-19.

All people and relatives spoken with were confident in the staff's abilities and thought staff had the right skills to look after them. New staff completed a comprehensive induction to their role prior to commencing employment and ongoing training and supervision was provided.

Staff supported people to access healthcare professionals when they needed them and worked alongside health and social care professionals to ensure a joined-up approach to people's care.

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.

People told us they were treated well by staff, who were kind and caring and treated them with dignity and respect.

There was a person-centred culture within the service and people were placed at the centre of their care. Not only did the managers and provider demonstrate they wanted to ensure people received high quality, safe and effective care, they were also responsive and mindful of staff needs and wellbeing.

People and their relatives told us the service was well-led and said they would recommend this service to others.

The management team were open and transparent and understood their regulatory responsibilities.

There were systems and processes in place for assessing, monitoring and improving the quality of the care provided by the service. Shortfalls found during the inspection were immediately and robustly addressed by the management team.

The management team kept in regular contact with people, checking if they were happy with the service they received and if any changes were needed.

The service worked well with other partners, organisations and commissioners.

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

Rating at last inspection
The last rating for the service under the previous provider was Good, published on 19 December 2018.

Why we inspected
We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was well-led.

Details are in our well-Led findings below.

Nobilis Care IOW Ltd

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
This inspection was conducted by two inspectors and two Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 29 July 2022. We visited the office location on 20 July and 26 July 2022.

What we did before the inspection
We reviewed the information we had received about the service, including the previous inspection report

and notifications. Notifications are information about specific important events the service is legally required to send to us. We also used information gathered as part of the monitoring activity that took place on 9 March 2022 to help and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with the registered manager for Nobilis Care (IOW) Ltd, the Quality Assurance Manager and six staff members employed by the provider. We also spoke with 19 people who use the service and six relatives. We received feedback from four health and social care professionals.

We reviewed a range of records, including nine people's care records in detail, and three people's medicines records. Three staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

Requires Improvement

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 under the previous provider we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Although people told us they felt safe, we identified specific risk assessments had not consistently been completed, as required to provide guidance to staff on how to monitor people's specific conditions. For example, one person had a diagnosis of diabetes and staff were required to monitor this person's blood glucose levels. Although staff had received robust training on diabetes and were able to describe in detail how they supported this person, they were not provided with written person-centred information on how this condition effected this person. This was discussed with the management team during the inspection and action was immediately taken to rectify this.
- Other risk assessments were in place for people's specific needs, such as falls and mobility.
- People were supported by a stable and well-trained staff team who understood people's needs well. This helped to ensure risks to people and changes in their health and wellbeing could be identified in a timely way and action could be taken to mitigate risk.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- There were lone working arrangements in place to promote staff safety.

Using medicines safely

- People told us they felt their medicines were managed safely. A person said, "My medicines are given to me four times a day, by staff. Everything is okay with this arrangement." Another person told us, "They [staff] know the routine with creams. It is all recorded on the initial assessment."
- Although senior staff audited people's Medicines Administration Charts (MARs) and monthly and regular spot checks and competency assessments of staff practice were completed, we identified some MARs had not always been completed robustly. For example, staff had not always signed to confirm medicine had been given as prescribed and handwritten entries on MARs were not clearly written. This could result in medicines not been given as prescribed. These shortfalls were discussed with the registered manager on day one of the inspection and they assured us these issues would be addressed immediately. On day two of the inspection the registered manager and quality assurance manager were able to demonstrate concerns had been discussed with staff and new paperwork had been implemented to help ensure more effective completion of these records. Additionally, although staff had received training in medicines management and had their competency regularly assessed, further retraining had been arranged.
- Information regarding the support people needed with their medication was recorded within their care plans and was accessible to staff.

Staffing and recruitment

● The management team had processes in place which continually reviewed staffing levels to help ensure they had sufficient staff to meet people's needs. These processes were not only identifying if staffing levels were effective but also monitored staff capacity and wellbeing to prevent staff burn out.
● We received mixed feedback from people and relatives about the timing of the care calls.
● The comments made by people and relatives were discussed with the registered manager. The registered manager told us when taking on new packages of care they were not always able to provide the care required at people's preferred times. This was due to difficulties recruiting staff in the local area and the ongoing impact nationally COVID 19 had on the care sector. The management team discussed this with people and relatives prior to commencement of the service.
●The provider and registered manager were working hard to rectify staffing issues by completing recruitment drives and offering incentives to new and existing staff to encouraged staff into the care sector. This in turn would have a positive impact on people receiving care at their preferred time, this work was ongoing.
● Staff told us they were able meet people's needs in a timely way as per their rotas. Staff confirmed they were given sufficient travel time between calls to allow them to spend appropriate time with people and provide them with care in a calm and unhurried way. A staff member said, "I have plenty of time to get to the next client." Another staff member told us, "I have plenty of time in between calls and if for any reason the call is delayed, I either phone the office or the next client to let them know that the call will be late."
● Safe and effective recruitment practices were followed. We checked the recruitment records of three staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives said they felt safe with the staff and the care received. A person said, "I feel safe with them. They take good care; nothing is too much trouble." Another person told us, "I feel safe with them they are very competent." A relative also said, "They treat [family member] right, she feels safe with them."
● Staff had received training in safeguarding adults and children and understood their responsibilities to identify and report any concerns.
● Staff were confident that action would be taken by the registered manager if they raised any concerns relating to potential abuse.
● There were robust processes in place for investigating any safeguarding incidents.

Preventing and controlling infection
● There were systems and policies in place for the control and prevention of COVID-19 and other infections.
● Staff had received appropriate training in infection prevention and control, and this was refreshed and updated regularly.
● Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce infection risks.
● People confirmed staff wore PPE as required. Additionally, the management team frequently worked alongside staff and completed unannounced spot checks of care calls to help ensure people were protected against the risk of infection and staff were wearing PPE as required.
● The management team and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong
● There were effective and robust systems in place to assess and analyse accidents and incidents. This

system allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.
● People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.
● Lessons learned were shared between all services run by the provider to help ensure actions would be taken to improve the service and reduce the risk of similar incidents occurring to other people.

Good

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.

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained 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

- Care and support was planned proactively and in partnership with the people using the service, their families and healthcare professionals where appropriate. Assessments of people were completed prior to the commencement of the service to ensure their needs could be appropriately met.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Regular checks of staff practice helped to ensure people received high quality care.
- The provider used nationally recognised tools for assessments where required to ensure people's specific needs were effectively assessed to help ensure appropriate care would be provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the skills and knowledge of the staff. Comments included, "Staff had been fully trained to use the hoist (equipment to help people move), I have no concerns on its usage", "They [staff] definitely know what they are doing. I think they have training" and "The carers know me and get on with things. Some are very experienced."
- New staff completed a comprehensive induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. The induction also included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were paid for the completion of training and were also supported to gain further qualifications.
- Staff completed training which included, infection control, medicines, and safeguarding and additional training was provided in relation to specific needs. For example, the service was supporting some people with a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube which goes through a person's abdominal wall into their stomach. Staff had been trained on how to support and care for a person with a PEG.
- Staff received regular one to one supervision with the registered manager. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● The service worked well and effectively with external health and social care professionals. This was evidenced in people's care records and confirmed by professionals and people.
● The service made timely referrals where needed to healthcare professionals such as GP's, community nurses and Occupational Therapists.
● Staff were able to demonstrate they understood people's specific health needs and how to best support people and manage these needs.
● People told us staff understood their health needs and would support them to access medical support if required.
● Information was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently. This was done by providing the new service a written summary of the persons needs and a verbal handover.

Supporting people to eat and drink enough to maintain a balanced diet
● Most people said they or their relatives managed their own meals. However, people who were supported by staff were happy with the way support was provided. People and relatives' comments included, "They [staff] have kept a record of food allergies, which is very important for [family member]", "They [staff] get me my lunch. They ask what I want for breakfast" and "Staff supported and encourage me with shopping and help me cook meals from fresh supplies."
● People's care plans contained information about any special diets they required, food preferences and support needs, which staff were aware of.
● Food and fluid intake would be closely monitored should concerns arise in relation to weight loss or reduced appetite. If required, actions would be taken to address these concerns, including supporting people to access health professional input.

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.

● Records of mental capacity assessments and best interest decision were recorded in people's care plans.
● People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA).
● People told us they were always informed of the care being provided, asked for their consent and given choices about the support they received. Comments included, "Things are done automatically, but they [staff] check with me, involve me and ask", "They [staff] ask me, yes" and "Oh yes, they talk me through things." A relative said, "It's [person's] choice. They definitely get their consent." A staff member said, "I wouldn't just do something to someone, you have to ask first to check they know what you are about to do, and they are happy for you to do it."

Good

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.

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained 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 placed at the heart of the service and benefitted from a management and staff team who were committed to ensuring they received a caring service. The provider had implemented a 'two hours free' initiative to help support people's emotional and social wellbeing and prevent isolation. This initiative worked by staff identifying people who may be experiencing loneliness and apply to the management team to provide the person with two hours of free support to take the person out or spend time doing something with them that they were particularly interested in.
- The registered manager led by example, by working hands-on and motivating staff to deliver good care.
- Feedback from people reflected that staff treated them respectfully and in a kind and caring way. Comments included, "They are polite, friendly and helpful", "Like a breath of fresh air when they come into our household", "Their attitude is absolutely lovely", "We have a laugh, but they don't overstep the mark" and "They are very good. Always helpful, happy and smiling."
- Staff spoken with demonstrated a caring and kind attitude and spoke of wanting to provide people with high quality care.
- The registered manager closely monitored people's care in a variety of ways, including speaking to people and relatives, completing spot checks of care provided and the completion of quality assurance questionnaires. This helped to ensure people were treated in a kind, caring way.
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training in this area and were open to people of all faiths and beliefs. There were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People and where appropriate those who were important to them were involved in decisions about their care. People commented, "They ask and make sure I have everything I need before they go" and "They ask me, and we have a chat." A relative said, "They always ask her, it's her choice. They ask if she wants a wash or a shower, and they choose clothes with her."
- Senior staff visited people regularly and asked them if they were happy with their care and support.
- People had reviews of their care plan to make sure visits were still meeting people's needs. This gave people the opportunity to make changes if they wanted to. A relative said, "the last review completed was, about a month ago. They do them regularly and it covers all aspects of safety. They consult me on all the issues, and I can add or change the Care Plan – no problem."

Respecting and promoting people's privacy, dignity and independence

● People told us they were supported by staff who respected their privacy and dignity. One person said, "They [staff] are very good with privacy, closing doors and pulling the blinds across." Staff members described how they ensured people's privacy and dignity was maintained during support with personal care. A staff member said, "I will close people's doors and curtains and make sure they are covered as much as possible which supporting them to wash."

● The provider ensured people's confidential information was kept secure. Staff accessed people's care information on an electronic application on handheld devices. Staff had their own password logins and staff could only access people with whom they were rostered to provide care to.

● Staff respected and supported people's right to independence. People told us, "They [staff] encourage me, it's a morale booster", "I do as much as I can for myself. They just do what I can't" and "They let me do things for myself. I feel I'm in control of things." A relative also said, "They [staff] encourage [person] to do things for herself. They [staff] give her the flannel to let her wash what she can."

● Staff described to us the ways in which they encouraged people to be independent. This included supporting people to choose what they wished to wear and sourcing and provided people with equipment which allows them to do things for themselves. The registered manager told us how they had supported a person's relative to obtain a long handled cream applicator and medicine in different packaging for a person which had resulted in the person being able to manage medicines and applications of topical creams independently.

Good

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs. People had their own care plan which recorded their needs in a personalised way. These care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and tasks they required support with during each visit. Daily records showed people received care and support according to their assessed needs.
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes to the registered manager and documented these changes within both the electronic and handwritten records kept in people's homes. This meant that all staff who provided care to the person could be kept up to date with any changes or concerns to allow effective monitoring and enable timely interventions.
- People confirmed that staff knew them well and understood their needs. A relative told us, "They are so good with [person], They are brilliant. They sit and have a cup of tea with them first. They've built up a good relationship." A person said, "They always know what I want and what I need, its written in the care plan." Another person told us, "All the staff do their jobs properly. The care plan tells them exactly what has to be done."
- Members of the management team and office staff completed care calls frequently. This helped them to identify any changes in people's needs in a timely way to allow effective action to be taken to keep people safe.
- It was evidenced from discussions with staff they knew the people they supported well. Staff were able to describe individual people's routines with a good level of knowledge and understanding. For example, a staff member described a particular diet a person followed in great detail, including likes and dislikes, how they liked to be supported and needed their food to be served.

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.

- People's communication needs had been identified and recorded within people's care plans. This included guidance for staff on how to best communicate with people.
- Flash cards were also available to help people who are unable to communicate make decisions about

their care.
● Documents would be provided to people in a variety of formats, for example, easy read, large print, pictorial, or in different languages, if required. This helped to ensure all people were provided with information about their care in a way they could understand.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy in place which was followed should a formal complaint be received.
● Systems and procedures were in place to help ensure any received complaints were investigated, acted on and responded to in a timely way. All reported concerns, dissatisfaction and complaints were logged and reviewed to allow themes and trends to be identified and effective action to be taken.
● Most people told us they would contact the agency office should they wish to make a complaint. People's comments included, "I have not needed to complain, but I would report to the office if I was not happy", "I have rung them [office] to express concerns regarding late visits" and "I have no complaints, but I would phone the office, if I needed to or I would speak to the carer."

End of life care and support
● At the time of our inspection the service was not supporting anyone with end of life care. However, the registered manager told us they would work closely with healthcare professionals, including GPs and the local hospice to support people at the end of their life.
● The registered manager provided us with assurances that people would be supported to receive good end of life care and have a comfortable, dignified and pain-free death. The registered manager said, "We want to help ensure people's death is how they want it to be and they have as good a death as possible."

Requires Improvement

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 under the previous provider 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; 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

- There were systems and processes in place for assessing, monitoring and improving the quality of the care provided by the service. The majority of these systems were robust and effective in identifying areas of good practice, implementing improvement and to ensure continual monitoring of all aspects of the service. However, the systems to ensure safe medication management and appropriate and effective management of risk had failed to identify the shortfalls we found at the inspection which has been further detailed in the Safe domain of this report. Following discussion with the registered manager and quality assurance manager they took immediate action to address the shortfalls identified. They confirmed that they would review the systems in place to ensure they were robust in identifying issues and taking action going forward.
- People and their relatives told us the service was well-led and said they would recommend this service to others. Comments included, "It's generally well managed", "I would recommend them, they are fine, kind and polite" and "They are kind and efficient. They work hard."
- The registered manager had oversight and knowledge of all aspects of the service. This was echoed by all the professionals we spoke with. One professional told us, "In such a pressurised system, I have always enjoyed working with the Manager at Nobilis. She understands the needs and challenges of the system and is always willing to support where she can. I find her responsive and professional and a pleasure to work with." Another professional said, "I have always found the approach of the manager appropriate and she demonstrates the skills and experience to undertake her role with competence and care." A third professional told us, "It is a pleasure to work with Nobilis as one of our Homecare prime partners. I do believe that they have a passion to deliver a high quality service and deliver care in a timely manner to ensure that their clients have a good experience with a friendly and approachable team."
- There was a clear and robust management structure in place, which consisted of the provider, registered manager, quality assurance manager and team leaders. Staff understood what their role was, in achieving personalised, effective and safe support for people.
- There were systems and processes in place for assessing, monitoring
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

● The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There was a person-centred culture within the service and people were placed at the centre of their care. People told us, "It's all very good", "It's going very well, excellent" and "I think they are first class." A professional said, "The management are very caring with a huge background within the care industry (25 years plus). They show through the support they provide a desire to support their clients to ensure they receive the service they deserve."

● The provider had clear vision, values and objectives for the service. These included; providing a high standard of care to all; ensuring people were treated with dignity and privacy; encourage and enable people to be independent and encourage each person to establish their own individuality and preferences in all aspects of their life. All staff worked in line with these visions, values and objectives.

● Staff felt well supported by the providers organisation, registered manager and quality assurance manager and spoke positively about the running of the service. Staff comments included, "Managers are brilliant and always support the staff with wellbeing and professional support", "[Name of registered manager] is very good, I wasn't happy with my hours and I spoke to them and it was sorted. I felt supported and do feel that the manager is approachable" and "I definitely feel supported by my manager, other team leaders are there too, and we support each other."

● Not only did the managers and provider demonstrate they wanted to ensure people received high quality, safe and effective care, they were also responsive and mindful of staff needs and wellbeing. They worked hard to ensured staff were supported, valued and respected in their roles. To achieve this the provider visited the office location three monthly to complete a drop-in clinic and monthly team calls via an electronic application were completed to updates staff and recognise staff achievement. Staff were provided with monthly newsletters to update them on the service and pay increases, additional payments and a reward and a recognition scheme had been implemented. The registered manager also reviewed the hours staff had worked on a weekly basis to establish potential staff burnout. If the manager identified staff had been doing additional hours, they were invited for a wellbeing meeting to monitor and address any impact additional hours may be having on staff wellbeing.

● Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.

● People felt confident to contact the registered manager or service office and speak to them about their care.

Continuous learning and improving care

● There were robust systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.

● During the inspection the registered manager and quality assurance manager demonstrated a proactive approach to make improvements that would have a positive impact on the lives of the people living in their own homes.

● All learning was shared with other services also owned by the provider to help ensure widespread improvement.

● Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service. Outcomes of these were recorded and shared with staff.

Working in partnership with others

● The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records and from discussions with people and staff.

● The registered manager had a positive relationship with external professionals and used them for support and advice when needed. A professional told us, "They [Nobilis] have been working closely with the [Local authority] and have built a good relationship. They have been taking great strides to improve their capacity to support more people in their area and work hard to take on support as quickly as possible and appear to care for their staff when doing this." Another professional said, "We meet with Nobilis on a weekly basis and biweekly with the social work team that gives them an opportunity to be open and discuss any problems they have to look at solutions."