

Cooper Noble Care Ltd

# Cooper Noble Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

At the time of our inspection, the service provided support to a total of 109 people living their own tenancies in a supported living community. Additional support was also provided on an outreach basis. Only 14 out of the 109 people however were in receipt of personal care regulated by CQC.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location provided support to three people with a learning disability or an autistic person.

### Right care

There was a quality assurance system in place to check that people were in receipt of the support they needed. The manager monitored the completion of support tasks daily to ensure people received the support they needed. However, the number of people being supported with personal care had grown since our last inspection from 5 to 14 people, and we found that the quality assurance systems in place required further development to ensure they were fully able to effectively monitor the quality and safety of the service.

We saw that the provider had already identified the current management and governance framework was no longer fit for purpose. They were in the process of implementing a management structure to improve the governance arrangements in place. We recommended that the audits and checks in place were reviewed and expanded as part of this process.

Staff recruitment was safe. The number of staff on duty was sufficient to meet people's needs and to ensure support was provided in a person centred way. People told us the same staff usually supported them and most were more than happy with the support they received. Comments included, "I'm really happy"; "They're (Staff) versatile, they listen to your needs" and "All made me feel welcome, very kind, caring. We have a laugh, but they do their job".

### Right Support

Information about people's medical needs needed to be more detailed and some risks were not adequately assessed. We found no evidence that anyone had been placed at risk or experienced harm with regards to this. We recommended however that the provider reviews the system in place to ensure it is fully able to identify and mitigate risk.

Medicines were managed safely. People were supported to administer their own medicines where possible.

This was good practice. People told us they received the medicines they needed. Staff were trained in the administration of medication and had their competency assessed appropriately. There were some minor improvements needed with regards to the recording of medicines with variable doses, self administration and the checking of handwritten MARs. We spoke with the provider about this.

Accident, incidents and safeguarding events were recorded and reported with appropriate action taken. Where people needed additional support, staff had liaised with other external health and social care professionals appropriately.

### Right Culture

During the inspection both the provider and the service manager involved in the running of the service were open and honest. We found that they had a good understanding of the service and were committed to ensuring people received good quality care that helped them achieve positive outcomes.

Staff spoken with were passionate about their roles and spoke with genuine warmth about the people they supported. They were knowledgeable about people's needs and preferences and told us the provider was really supportive of their training and development needs and aspirations.

People told us they felt safe. They said staff supported them well and helped them live independently in their own home. They told us of the activities and interests they were supported to enjoy, and several people spoke about the positive outcomes they had achieved since receiving support from the service.

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

### Rating at last inspection

The last rating for this service was good (published 14 December 2017).

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cooper Noble Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Recommendations

We recommend the provider develop the systems in place to ensure people's individual needs and risks are fully assessed and described.

We recommend the provider reviews and develops the quality assurance systems in place to ensure they are robust.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as 'good' based on the findings of this inspection.

### 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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

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## 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 was undertaken by 1 inspector.

#### Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Inspection activity started on 22 January 2023 and concluded 25 November 2023. We visited the services' office location and one of the supported living settings on 22 January 2023.

#### Registered Manager

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

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

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with the registered manager, service manager, service co-ordinator, senior support worker and a support worker. We spoke with 7 people who lived in the home and 5 relatives about their experience of the care provided.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at records in relation to safe recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's needs and risks were identified and described with guidance for staff to follow when providing support. The systems in place to assess individual risks however required review to ensure all areas of risk were adequately assessed.
- The support people received was monitored and followed up appropriately. People told us they felt positive about the support they received. They told us they were supported and encouraged to have a full and active life.
- Changes in people's needs were monitored and people's support adjusted where needed to ensure it continued to their needs. People using the service were involved in reviewing and discussing the support they received.

We recommend the provider develop the systems in place to ensure people's individual needs and risks were fully assessed and described.

### Using medicines safely

- Minor improvements to how staff recorded the administration of medicines that had a choice of dose, self administration and the checking of handwritten MARs were needed. We spoke with the provider about this and they told us action would be taken.
- Overall, medicines were managed safely. Records and a stock check completed during the inspection, showed that people received the medicines they needed. People confirmed this.
- Medicines were stored appropriately and the administration of medicines was monitored daily by the manager.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and well supported by the staff team.
- Accident and incidents were recorded, investigated and reported appropriately. This included safeguarding events.
- Where people required additional support to keep them safe, timely liaison with external health professionals was made by staff to ensure people received the support they needed.

### Staffing and recruitment

- There were enough staff available to ensure people received support at the times they needed it.
- New staff were recruited safely with all appropriate pre-employment checks carried out before they started work.



### Preventing and controlling infection

- We were assured the provider had systems in place to prevent the spread of infection.
- The communal areas in which people shared were clean and well maintained, and staff encouraged people to learn how to keep their own home clean.
- Staff had received basic training in infection control.
- People's families were able to visit without restriction.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were basic systems in place to ensure that people received the support they needed. The number of people supported with personal care had increased since the last inspection. As a result, the quality assurance systems in place needed to further development to ensure all areas of risk were adequately monitored and managed.
- The provider told us, and we saw that they had already identified that the management and governance arrangements in place were no longer fit for purpose. A new management and governance structure was due to be introduced to ensure that the governance arrangements in place remained effective.

We recommend the provider reviews and develops the quality assurance systems in place to ensure they are robust.

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

- People and staff were at the heart of the service. People's feedback included, "I'm really happy"; "They're (Staff) versatile, they listen to your needs"; "All made me feel welcome, very kind, caring and "We have a laugh, but they do their job". A relative told us, "Staff are brilliant. Staff give me an update every week. They [Name of person] needs are met 100%"
- Some people and relatives told us of the positive outcomes achieved and the activities and interests they had been supported to explore. One person told us, Staff) help with cleaning, cooking, taking me out'. 'It's very good – you meet loads of friends, and the staff are nice as well.' Another person told us, "It's amazing. It's the first place I've felt it's my home. I've decorated my flat.'
- The culture of the service was open and inclusive and staff spoken passionately and with genuine warmth about the people they supported. The manager and service manager led by example and were positive role models for staff. A management survey confirmed this.

Continuous learning and improving care; 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 manager and provider had notified CQC about notifiable events with regards to people's care. Providers are required by law to submit the required notifications to CQC without delay. The information provided in notifications helps CQC to decide if further action is needed to ensure people's safety.
- The registered manager was aware of their responsibilities regarding the Duty of Candour.
- Staff meetings were held to discuss the management of the service and to share lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were fully engaged in the day to day delivery of their care and involved in deciding what support they needed.
- Staff told us that they enjoyed working in the home and were really positive about working for the provider. They told us they felt well supported and encouraged to develop their skills and abilities.
- The service worked in partnership with a range of other health and social care professionals including GP's, specialist learning disability nurses, occupational therapy and other medical professionals including mental health teams and advocates.
- People were supported to do the things that they enjoyed and accessed the community regularly to prevent social isolation. People were supported to maintain positive family relationships and family members visited without restriction. This was good practice.