

Nomase Care Ltd

Nomase Care Ltd

Inspection report

Ivy House, Third Floor
Bradgate Road
London
SE6 4TT

Tel: 02037509722
Website: www.nomasecare.co.uk

Date of inspection visit:
10 February 2020
11 February 2020
14 February 2020

Date of publication:
06 April 2020

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Nomase Care Ltd is a domiciliary care agency which provides personal care and support to people living in their homes.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection 42 people were receiving support with personal care.

People's experience of using this service

Risks to people's health were assessed but control measures were not always sufficient to mitigate the risk of harm and guidance for staff was not always clear. The provider had systems to monitor staff time keeping but these were not always effective as they did not identify the staff lateness we found.

We have made recommendations about the way the provider assesses the risks to people's health and safety and monitors staff punctuality.

People told us they received safe care and support. Medicines were managed well by staff that received regular training. Safe recruitment practices were followed.

People's health and social care needs were assessed, and plans put in place to meet these. The provider met people's nutritional and hydration needs. People's ability to consent to their care and support was assessed. 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 knew how to complain if they were unhappy about their care and support. Staff had a good understanding of people's needs and preferences. Information was not always available in accessible formats such as easy read.

We have made a recommendation about making information more accessible to all people that might use the service.

People were treated with dignity and respect by regular staff that knew them well. People told us staff were kind and caring and treated them respect.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked in partnership with a range of health and social care professionals to ensure people received the right care and support.

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 this service was good (published 23 August 2017).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Nomase Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and two experts 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 and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine members of staff including five care workers, two care coordinators, the registered

manager, and the nominated individual. The nominated individual is responsible for the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gathered feedback from health and social care professionals who worked with the provider to plan care and support.



Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated 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

- Risks to people were not always appropriately assessed and recorded. The risks associated with diabetes were not clear and we saw in one person's care plan instructions for responding to a suspected low blood sugar incident did not adhere to best practice guidelines. For example, it advised staff to give someone diet cola to prevent low blood sugar level.
- The risks associated for someone with epilepsy had been assessed but guidelines for staff were not clear about what action they should take if the person had a seizure and how long they should wait before calling for an ambulance. Staff we spoke with showed a good understanding of how to respond to concerns about people's health, however, the lack of clear guidelines meant there was a risk that some staff would not know the appropriate action to take in the event of a medical emergency.
- The service did not always take action to follow up identified risks. For example, the service was routinely assessing the risk of harm from fire. However, where the assessments identified increased levels of risk due to poor mobility or sensory impairment there was no record of what action had been taken to mitigate the risk or if the risk had been highlighted to other agencies.

We recommend the service reviews the risk management procedures to ensure risks to people are clearly documented and guidelines for staff are clear.

- We received positive feedback from people about how the service was keeping them safe. People told us, "I always feel safe" and "[Family member] is safe. I'd get in touch with the office if I didn't feel that."

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. The provider had recently introduced an electronic care management system (ECM) which recorded staff's visit times. However, when we reviewed the records, they showed that staff were not always attending to people at the agreed time, with many visits 30 minutes late or more. We discussed this with the registered manager and the staff responsible for scheduling and they explained in some cases arrival times had been altered temporarily at the request of the person receiving care. The discrepancies we saw meant the provider was not using the system effectively to monitor staff punctuality.
- People confirmed that staff did not always attend on time. We received comments such as, "The other day, one was very late. She apologised" and "The timings are a little erratic. Last Sunday, someone didn't show up until midday. We called the office."

We recommend the provider reviews the way it uses the ECM tool to monitor staff punctuality.

- When people needed two staff to support them, they routinely arrived at the same time and visits were for the correct length of time. This was confirmed by people who told us, "[Family member] has two carers and both turn up together" and "They stay the full 30 minutes."
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received safeguarding training, and this was a regular agenda item during staff meetings so staff could discuss concerns and refresh their knowledge regularly.
- Staff showed a good understanding of safeguarding procedures and they knew who to inform if they had any concerns about abuse or safety. One staff told us, "Safeguarding the clients is the main thing. If there is anything we see we are not sure about I would speak to someone in the office know straight away."

Using medicines safely

- Staff supported people to take their medicines safely and this was confirmed by feedback we received. People told us, "There are no problems with the medication" and "They help administer meds; all seems ok."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- A senior member of staff checked people's medicine records regularly to ensure staff were following the correct procedure. Samples of medicine administration records (MARs) we reviewed had been audited and actions taken where there were discrepancies.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infection. We saw many staff attend the office to collect these during the inspection.
- People using the service told us that staff observed safe hygiene practices when carrying out care and support. One person told us, "They always wear gloves (which they throw out as they go out) and a blue uniform."

Learning lessons when things go wrong

- There were appropriate systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred. Actions included providing extra support and guidance for staff when incidents were attributed to a lack of skill or knowledge.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Initial assessments of people's needs were completed by the local authority and the provider and care plans put in place to meet these. However, care plans did not contain sufficient detail regarding people's oral health support needs. Staff told us how they supported people to maintain their oral health, however the care plans did not contain enough detail to ensure this was being done consistently.

We recommend the provider review the process for assessing people's oral health needs in line with national guidelines.

- People told us they were involved in the formation of their care plan and they received the care set out in the plan. We received comments such as "They're very good, they come every day and they give me a shower, give me clean clothes and bring me a tea and paper."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to enable them to fulfil their roles. New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. We received comments such as, "I got a good induction and shadowed another carer before I went out on my own" and "They train you well here, I've had lots of training."
- The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice. Staff received regular supervision and had an annual appraisal.

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

- People's fluid and nutrition needs were safely met. People told us they were happy with the way they were supported to prepare food and drinks. People told us, "They always make sure I have drinks" and "[Family member] has a good appetite; she has ready meals along with vegetables. The carers do ask what she would like to eat." The provider had also recently instigated fluid monitoring charts for people who were at risk of dehydration.

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 with other health and social care professionals to ensure people's care needs were fully met. We saw examples where staff had contacted social workers or other health and social care professionals where there were changes in people's needs and this was confirmed by health and social care

professionals. One professional told us, "The managers do report any concerns they have to ourselves or the brokerage team and respond well to client's issues."

- The provider liaised with healthcare professionals where there were concerns about people's health. One professional told us, "They will contact GPs and district nurses if they have any medical concerns."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Care plans included detailed information about people's ability to make decisions about their care and support. People had signed their care plans to show they had consented to the care and support.
- Staff received MCA training and understood their responsibilities in relation to protecting people's rights. Staff respected people's choices and asked their consent before providing care and support. One staff told us, "I greet them and ask them how they are doing and ask their permission before I do anything."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that staff were kind and caring. We received comments such as, "The carers are all friendly to my [family member]; they don't always know I am there, so it's not put on for my benefit" and "They listen to me, we talk all the time."
- Professionals who were responsible for monitoring the quality of the service also confirmed they received positive feedback about the kindness of the staff. One professional told us, "Feedback we have from client visits is positive and clients have said that the carers are kind and treat them well."
- People told us that they were supported by regular carers wherever possible. We received comments such as, "We mostly have the same person, so we've established a relationship with the carer" and "In essence, the continuity of carers, makes me feel safe."
- The provider respected people's equality and diversity. Care plans contained information about people's religious and cultural needs.

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

- People and their relatives were regularly involved in the planning and reviewing of their care. We received comments such as, "Yes I have seen the care plan and I was involved in drawing it up" and "We all had input in to the plan."
- There was a written record of people's history, likes and dislikes and personal interests and hobbies to give staff a broad understanding of the person.
- Staff told us how they supported people to make choices. One staff said, "I always ask what people want us to do. I make sure I am always communicating and giving people choices."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was promoted. We received comments such as, "They always close the door when they're changing [family member]" and "There is always privacy. The curtains and the door are closed."
- Staff supported people to maintain their independence. One person told us, "They encourage [family member] to do things for herself. They try and let her have a say in what she wants."
- Care staff spoke about people in a dignified way and explained how they promoted independence and choice. One staff told us, "We let them do what they can do for themselves to make sure they don't lose their skills."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service provided personalised support that met people's needs and preferences. People and their relatives were involved in the formation of their care plan and they told us they received care in line with the agreed plan. We received comments such as, "They're all very clued up on what they have to do. They always follow the plan" and "If we get a new person that hasn't read the plan, we go through it with them and they do what it says, and I'm happy with that."
- The provider responded to people's changing needs and made the necessary referrals to other professionals when necessary. This included referrals to moving and handling assessors when people's mobility deteriorated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs with details of what communication aids people used and factors that might affect people's ability to communicate well.
- Key documents such as the service user's handbook was available in braille or large print format upon request. However, documents were not available in an easy read format which may help people with a learning disability or those with autistic spectrum disorders to understand the services provided.

We recommend the provider seeks suitable professional advice on making information accessible to all people who use the service.

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose. The manager kept a record of complaints which showed what action had been taken to resolve issues that had occurred.
- People and their relatives were generally positive about the service and they were confident the managers would resolve any issues they had if they raised them. One person told us, "Nothing's really happened. I never had to make a complaint. I would call the office if I had complaints."

End of life care and support

- At the time of the inspection the service was not providing end of life care and support. However, staff

received end of life training to ensure they had the skills and knowledge required if people's needs changed. The service had received many compliments from relatives of people who had passed away about the high standards of care and support of their relative before they passed away.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service worked to achieve positive outcomes for people and people's feedback confirmed this. We received comments such as, "I wouldn't change them. I love them" and "The two carers we have are absolutely excellent. They sometimes go above and beyond."
- Staff were positive about how the team worked together to help deliver high standards of care. Staff told us, "Nomase is a very good company. The management look after the clients and the carers well" and "The manager or the coordinator comes to the clients house and see them personally."
- Staff told us they felt able to approach any member of the senior management team if they had a concern or needed any help or assistance. One member of staff told us, "The [registered] manager and the office staff are always there to help you whenever you need it."

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 registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

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

- The registered manager and other members of staff were clear about their roles. The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care.

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

- The service engaged with people using the service. People had regular opportunities to give feedback about their care through monitoring visits, telephone calls and satisfaction surveys. We received comments such as, "I know the manager; she does pop in to see [family member] I do think she is very good" and "[The registered manager] does call me to ask how the carers are doing and to do a review."
- We received positive feedback from professionals about the way managers and staff engaged and communicated with people. One professional told us, "The feedback we have had would indicate they communicate well with the clients and families and other professionals."

Continuous learning and improving care

- Senior staff conducted regular quality assurance audits of the service which monitored key areas such as health and safety, nutrition support, accidents and incidents and medicines.
- The registered manager attended provider forums hosted by the local authority which enabled them to share best practice ideas with other providers to help drive continuous improvement. The manager had recently introduced the fluid monitoring charts after a discussion with other professionals at this forum.
- The service had recently introduced the ECM system and they were planning to extend the use of the system so carers could access and update care records electronically via mobile phones which would be provided by the service.

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals, social care brokers and local authority commissioners to achieve good outcomes for people. We saw examples of joint working with healthcare professionals such as GPs and district nurses to help people manage health conditions.