

# Noble Care Limited

# Noble Grange

## Inspection report

15-17 Webb Street  
Nuneaton  
Warwickshire  
CV10 8JQ

Tel: 02476350394

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection visit took place on 6 February 2019.

Noble Grange is a 'care home' for a maximum of 11 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eleven people lived at the home at the time of our inspection visit.

Noble Grange is a care home for adults with autism, learning disabilities and mental health needs. It comprises of a house which can accommodate seven people and a block of four ground floor apartments on the same site.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. There were good levels of staff on duty to meet people's needs; and staff recruitment checks reduced the risk of the service employing unsuitable staff. Staff understood how to safeguard people from harm and the risks related to people's health and wellbeing. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. Staff received training to support them work effectively with people who lived at the home. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food which was which they enjoyed, and helped to choose.

The service continued to be caring. People received care from staff who were kind, treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and staff ensured their needs were met. The service was responsive in meeting people's social and emotional needs. People felt able to raise concerns.

The service continued to be well-led. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs. The provider, registered manager and management team supported people and staff in an open and inclusive way.

## 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 remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Noble Grange

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 6 February 2019 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we spoke with a Local Authority commissioner. They provided us with information about their recent visits to the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require the provider to send to us at least once annually to give some key information about the service. What the service does well, and any improvements they plan to make.

During our visit we spoke with the provider, regional manager, registered manager, deputy manager, one support staff member, and four people who lived at Noble Grange. We also spoke with a relative by phone. We spent time in the company of other people who lived at the home to gain an insight into people's lived experience. We saw medication being administered; we checked two care records, and sampled audits undertaken by management.

After our inspection visit we were sent on request, training information, and staff and resident meeting minutes.

# Is the service safe?

## Our findings

Staff had a good understanding of people's needs and knew how to keep people safe. For example they knew what made people anxious or upset, and lead to behaviours which might challenge others. They made sure these risks were reduced.

A relative told us their relation had previously lived in different places and had demonstrated 'destructive' behaviours. They told us that since the person had lived in Noble Grange the person felt more safe and secure and as a consequence had become much calmer. A person told us they felt safe and happy, and would talk to the staff if they didn't feel safe.

Staff understood how to safeguard people from harm. They had received training to safeguard people from abuse. The registered manager was aware of their responsibilities to report any safeguarding concerns to the appropriate safeguarding authorities.

Potential risks related to people's health and well being had been identified in 'risk assessments' and actions had been taken to reduce or remove the risk. For example, one person was at risk of drinking fluids and eating items which would be harmful to their health. The service ensured action had been taken to reduce the chances of the person having access to them.

There were good staffing levels. The provider informed us they increased staffing levels when necessary, to ensure people's needs continued to be well met and to maintain safety.

The provider's recruitment practice ensured that no new staff started work until their work and/or character references had been received, and criminal checks had been completed. This reduced the risks of employing staff unsuitable to work in care. One of the people who lived at the home was involved in the recruitment process. They told us they asked potential staff what they liked and didn't like, and whether they were good at cooking. They also fed-back what their views were on the person being interviewed.

People received their medicines as prescribed. We saw staff support two people to take their medicines. This was done safely, and the staff member ensure the medicines were swallowed by the person before recording they had been administered. Records were mostly accurate. The record did not always inform when prescribed creams had been applied but we were assured these had been applied as required. The service had recently changed the medication administration system, but had decided it did not suit their needs, and were in the process of changing back to their previous system.

The service ensured the safety of the premises with regular checks. These included checks on water temperatures to ensure people were not scalded by too hot water, and checks to ensure fire equipment was fully functioning in case of a fire. On the day of our visit we saw the maintenance worker undertake maintenance tasks in the home to ensure the premises remained safe and secure.

The home was clean and tidy. People who lived at the home helped, where possible, to keep their rooms

and communal areas clean. One person showed us how they had just mopped their bedroom floor; and another helped by making sure the outside area was kept tidy. Staff had received training to understand how to reduce the risk of infection being transmitted from one person to another. They were aware of the need to use gloves and aprons when providing personal care.

The registered manager analysed accidents and incidents and took steps to reduce the risks of incidents from re-occurring.

# Is the service effective?

## Our findings

There were good transitional arrangements for people considering moving to Noble Grange. The service worked closely with healthcare professionals to understand the needs of the person to determine whether the service would be suitable for them. They also assessed whether the person would be suitable to live with people already living at the home. There was transitional meetings and visits to the home, to help the person, people who lived at the home, and staff get to know each other.

Staff had the skills and knowledge to deliver effective care and support. Staff told us they had undertaken regular training to support them in their roles. This included training which looked at how to manage behaviours which challenged others, autism and learning disabilities. A relative told us that staff were, "Much better trained than people in other institutions, they have better procedures, and they are such nice people [staff] and they never give up [on people]."

Staff understood people's food and drink likes and dislikes, and menus were designed to support this and to provide as nutritionally balanced meals as possible. On the day of our visit we saw staff prepare sandwiches and wraps for people with salad and fillings which they liked. In the evening, we saw staff ate with people at the dining room tables, providing a more family like environment.

People received health care from different healthcare professionals when required. The majority of people who lived at Noble Care had complex behavioural and emotional needs, and some had complex physical needs. We found good relationships had been established with other healthcare professionals to support people with their needs. This included support from the person's GP, mental health professionals, speech and language professionals and district nurses.

The design of the premises and adaptations supported people's needs. The service was specifically designed to support people with autism and learning disabilities. For example, the home was soundproofed to reduce people's anxieties from hearing too much noise; and the design ensured there was no areas of the home which could get congested and trigger behaviours which challenged. All bedrooms were large, and contained en-suite shower and toilet facilities. The provider told us all had originally been painted with an 'autism colour palette' which was muted colours unless people requested differently.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).



We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were.

## Is the service caring?

### Our findings

People told us staff were kind. One person said, "Staff are very friendly here. Whenever there is a problem, they always sit down and listen to you if you have a problem or an issue. They are very kind and good to get along with."

Throughout the day of our visit we saw staff treat people with kindness. Staff knew how to support people's emotional needs, and were seen as always mindful of this when talking with them. For example, one person felt more emotionally secure by having people sit on their sofa in the order they placed them there. Staff respected the person's need for order.

The good staffing levels meant staff were always present to provide people with support when needed. Staff communicated with people in the way they preferred. One person used Makaton (a sign language sometimes used with people who have learning disabilities) as well as verbal communication to help express their feelings. The person also showed us a 'mood board'. This was a board on the wall showing pictures of faces with different moods. They told us it was used to show staff how they were feeling. They pointed to the happy face and said this was how they were feeling that day.

Another person was seen communicating a few words to staff, who knew this meant they were feeling in physical discomfort. The staff member went with the person to their room to check what was making them uncomfortable and retain their privacy. We saw staff always treated people with dignity, and maintained their privacy when undertaking personal care. One person told us they had a key to their room which gave them privacy.

People were actively involved in decisions about their care and support, and we saw good dialogue between people and staff about what they wanted to do, or not do, during the day.

The service supported people to maintain links with family and friends. Some of the people who lived at the home had families which lived further afield. The service worked with people and their families to ensure good links were maintained. Visitors were welcomed at the service. The relative we spoke with said, "They get in touch with us all the time with everything that has happened to [person]; they are terribly welcoming when we come to visit."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care records provided staff with up to date, detailed information about people's likes and dislikes, and how staff should respond to people's needs to help people feel secure, safe and comfortable in their home environment.

People were supported to follow their interests and take part in activities both within the home and in the community. On the day of our visit we saw people going out with staff to the shops, involved in cleaning activities within the home, baking and playing games with staff. One person told us, "I like to help staff, clean the house, help in the kitchen, throw containers away and sort out the dishwasher." They went on to tell us each week they went to a drama group and had recently been in a play at a local playhouse. Another told us they enjoyed baking and we found out their favourite cake was chocolate. A third had been cleaning their room when we spoke with them. They showed us the walls in their room which were being painted blue to match the colour of their football team.

People received information in accessible formats. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We saw for example, the complaints procedure, health action plans, and resident meeting notes were in picture based easy read formats.

The provider had a complaints procedure which they followed. There had been one complaint about the service since our last inspection visit. This had been managed according to the provider's policy and procedure.

The service had not provided end of life care to people; and no-one who lived at the service was on an end of life care pathway. Due to the complexity of people's needs and emotions, it had been assessed as not appropriate to discuss this in advance with the people who currently lived at the home. However, the management team gave assurances they understood what was required if a person needed end of life support.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was relatively new to the service, having started work at Noble Grange in August 2018. They were supported by an operations manager and the director of the service. All were present at the inspection visit, and demonstrated an in-depth understanding of the needs of each person who lived at the home. All the management team had a wealth of experience in supporting people with learning disabilities and autism. The operations manager and director visited regularly to ensure quality of service was maintained and to support the manager and their team.

There was an open, inclusive and empowering ethos in the home. We saw people were comfortable about going into the office and speaking with the manager and deputy manager. One person who lived at the home told us, "The main word is 'team work' we can do it as a team, but not on our own." They went on to say they felt staff worked well as a team to support people. A member of staff we spoke with said, "The team pulls together, it's a really nice feeling." The deputy manager told us they had been on a 'senior development programme' to help them progress into a management role and this had been really helpful to them.

Staff received support through more formal individual supervision and appraisal sessions, as well as informal chats with the management team if they had concerns or issues needed addressing. Staff also attended monthly meetings which covered a range of issues to support them in their roles.

Staff met regularly with people who used the service to check they were satisfied with the care and support they received. These were more individual meetings as opposed to group meetings, as this was more in line with people's abilities and needs. Quality assurance questionnaires had been sent out to people, their relatives and professionals who worked with people who used the service. Positive feedback had been received.

There continued to be processes and systems to maintain quality in the home. This included the operations manager monthly visit and report. They told us they had recently changed their visits to focus in more detail in different areas of the service such as health and safety, and medication. We saw by looking at previous reports, that any issues identified had been acted on in a timely way.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required. The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

Staff continued to work in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. For example, a healthcare professional held a clinic at the home to review people's medication as this was more beneficial to people who lived at Noble Grange.

The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.