

NL Group Limited

# NL Group Limited

## Inspection report

3 Earls Court  
Henry Boot Way  
Hull  
North Humberside  
HU4 7DY

Tel: 01482606040  
Website: [www.nlgroup.co.uk](http://www.nlgroup.co.uk)

Date of inspection visit:  
31 January 2019  
13 February 2019

Date of publication:  
03 April 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: NL Group Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older and younger adults who may be living with dementia, physical disability or learning disabilities or autistic spectrum disorder. At the time of the inspection, they were providing a regulated activity of personal care and support to 27 people.

This service provides care and support to a person living in a 'supported living' setting, so that they can live as independently as possible in their own home. 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.

People's experience of using this service: Staff were kind, caring and passionate about their role and people were happy with the support provided. Staff were skilled and provided person-centred care to meet people's needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the ways staff promoted inclusion, choice and control and supported people to gain new skills and become more independent.

People were supported by a consistent team and new staff were introduced at a time and pace that worked for people and their families. People were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored. Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

Staff were respectful and built trusting relationships with people. They supported people to maintain their dignity and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

Care plans contained current and personalised information that supported staff to provide person-centred care. Staff worked with professionals and responded to their advice, to ensure people's needs were met. People were encouraged to pursue their hobbies, interests and to maintain important relationships. Staff were compassionate when providing end of life care and supported people to have pain-free, dignified deaths.

People were confident their concerns or complaints would be addressed promptly and processes in place

aided this.

The registered manager used their experience to provide a high-quality, person-centred service. They had an open and honest approach and supported staff professionally and personally. The registered manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

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

Rating at last inspection: At the last inspection the service was rated Good (published 13 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# NL Group Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** NL Group Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection, everyone using NL Group Limited 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.

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 two working days' notice of the inspection site visit so the registered manager could arrange for staff to speak with us on the day of the inspection.

We visited the office location on 31 January 2019 and 13 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We contacted people who used the service and their relatives on 15 and 18 February 2019.

**What we did:** Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority adult safeguarding team and Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with two people who used the service and three relatives. We spoke with the registered manager and four care support workers. We also spoke with staff who worked in the office. We received feedback from two health and social care professionals.

We looked at a range of documentation such as care files and medication records for five people. We looked at other records for the management of the service such as recruitment, induction and staff training. We also looked at surveys, audits, compliments and complaints and technology being used in the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment.

- People consistently told us about the quality of staff at the service. One relative said, "NL Group Limited have a different calibre of staff, they ensure they only have the best. All the staff who come are competent, sensible and suggest solutions to any problems they face."
- People told us they were supported by a consistent group of staff and were sent a weekly rota so they knew who would be supporting them. One person's rota was tailored to their communication needs and included photos of staff, so they could clearly see which member of staff was coming. People were informed of any changes to staff support; electronic systems were in place to ensure staff were kept updated.
- People's choices as to who delivered their care, and when was respected. People could request changes to their staff team and this was done.
- Staffing levels were appropriate for meeting the needs of people who had more complex care needs. Care plans contained specific details to support staff when meeting people's needs.
- Introductions were done at a time and pace which worked for people and their relatives. The registered manager told us, "There is a process that we go through to introduce new staff, so people never get a totally new face."
- The provider's recruitment processes helped ensure only suitable staff were employed. People were included in the recruitment process and were encouraged to ask questions about what was important to them at interview.

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

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- The provider had appropriate policies and procedures in place to report concerns. An electronic system provided staff with the contact details of the relevant local authority safeguarding team.
- The registered manager monitored accidents and incidents and used them for learning in the service to help prevent reoccurrence.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Risks to people's safety and wellbeing were identified and appropriate strategies were in place to enable staff to monitor and minimise the risks. Daily care records evidenced these were followed.
- Staff safety was maintained through robust risk assessments and monitoring of care calls through an electronic system.
- Systems were in place to protect people from the spread of infection; staff used personal protective equipment (PPE) appropriately.

Using medicines safely.

- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- Care plans had protocols in place to support staff with administering people's medicines; Medication Administration Records (MARs) confirmed people's medicines were administered as prescribed.
- Staff monitored MARs and problems were addressed through appropriate management plans.

# 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.

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.

- Assessments of people's needs were thorough and considered their preferences when arranging their care. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Staff were positive about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of mandatory training before supporting people. Staff completed specific training before supporting people with more complex care needs.
- People were confident in staffs' skills and knowledge when providing care.
- The registered manager maintained their skills and knowledge through regular training. They observed staff practice during care calls allowing them to address issues promptly.
- There was a proactive culture of staff seeking support when it was needed; staff received regular supervision and support from office staff and the registered manager.

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

- People told us they were offered choices around their meals and drinks. One person told us, "I do a menu and shopping list every week, the carers then prepare the food that I have planned."
- Where people required specialised diets, meals and drinks were provided in line with professional recommendations.

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

- Health and social care professionals were positive about the support staff provided. One professional commented, "If they have had any concerns about a person, they have contacted my service so that any concerns can be followed up or acted on accordingly."
- The provider used electronic systems to ensure staff had access to current care plans, which supported them to provide consistent care.
- People were supported to live healthier lives and needed less services, as staff worked in partnership with healthcare professionals. Staff promoted people's independence and ensured people had the equipment and support they required.
- Staff referred people and supported them to access healthcare appointments, followed professional

advice and provided effective care.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought consent from people. Not all people could consent verbally, staff were knowledgeable about people's communication methods and when they were consenting or refusing care.
- People were encouraged to make their own decisions by staff who were trained and working in line with the MCA. Staff recognised restrictions on people's liberty and appropriate authorisations were in place.

# Is the service caring?

## Our findings

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

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 consistently positive about the relationships they had with staff. One relative said, "NL Group offers a personal service, they all care from the office, to the carers, to the registered manager. They're warm, hospitable and we have a trusting relationship. Staff become like friends because of the way they care."
- Staff had a caring approach and were passionate about supporting people. A member of staff said, "I might be the only person someone sees, so we are polite, friendly, approachable and provide good care. That person should feel like a million dollars during the time I'm with them. I want to know that when I go home, I've done the best that I can for each person."
- Staff were trained in equality and diversity and respected people. A staff member told us, "We treat people as if they're a part of our family and treat people as we expect to be treated."

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

- People were supported to make their own lifestyle choices. Staff worked with people and their families to ascertain how they liked to be cared for. A relative said, "Staff are always trying to do their best for [Name] and I feel privileged that they take on board my views."
- Relatives told us they were regularly contacted by office staff to ensure they were happy with the care provided. One relative said, "I've been telephoned numerous times to see if we're happy with everything. It's a more personal way of giving feedback."

Respecting and promoting people's privacy, dignity and independence.

- People's independence was promoted with all tasks. One relative said, "Straight away staff really pushed [Name] to be as independent as they could be and they weren't afraid to tell me if I was stopping [Name] from doing this. They're committed to bringing the best out of [Name] and showing what they are capable of."
- People's privacy and dignity was maintained. One person told us, "I need to make a phone call the staff will leave me to make this in private. Also on a night they make sure my body is covered up, to maintain my dignity."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were knowledgeable about people's personal routines and provided consistent care. They used paper and electronic care plans to document people's preferences and routines, and these were reviewed and updated. Care plans enabled staff to provide person-centred care and daily records showed people's needs were met as per their wishes.
- People were supported to maintain their relationships with family and friends. This included phone calls and visiting them.
- People were supported to maintain their relationships with family and friends and pursue their hobbies and interests. A relative said, "Staff help [Name] go out to different clubs such as bowling, crafts, drama and sports groups which they have a lot of friends at."
- Information was provided to people in a way they could understand and easily access. The registered manager was introducing an electronic application for a person to help them record information about their life, appointments and give them access to a pictorial electronic rota.

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to raise concerns and make formal complaints. However, they were confident they would not need to raise a formal complaint as problems were resolved quickly. They told us, "We can ring up and raise something or we can pop it in writing and send it in. We've never needed to do send anything in writing because of the way things are sorted quickly. They would much rather we talk to them rather than for things to escalate."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the office staff.
- The registered manager acted upon concerns and complaints in an open and transparent way. They used any concerns or complaints as an opportunity to improve and develop the service.

End of life care and support.

- Staff provided compassionate care for people at the end of their lives. A member of staff said, "I assisted [Name] through their last few days and felt really honoured to be there. I was with them on the day they passed, it was very peaceful. I could speak to the registered manager as she was available and checked on [Name's] welfare and my own."
- Staff were trained in end of life care and worked closely with relevant healthcare professionals to ensure people had a pain-free, dignified death.
- Staff understood where to find end of life information in people's care plans and important information was easily accessible.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager maintained a high-quality service through employing staff who were passionate about their role and represented the values of the service. One member of staff said, "I live what NL Group is about; it's about providing bespoke care to people in the community and staying at home in their own surroundings. I've been lucky enough to still support the same people, we build relationships and help provide stability for people and their families."
- The registered manager led by example with their open and honest approach and cared for their staff. Staff told us, "[Registered manager's name] is lovely. Firm but fair and very approachable. It is organised and I feel supported by [Registered manager's name] and the office staff."
- Providing a person-centred service was a priority for the registered manager. They used their personal and professional experience to provide the quality of service they expected. Part of this included meeting people and completing an assessment of their needs before providing a service. People and their relatives were aware of who the registered manager was and how to contact them. The registered manager promoted continuity of care by completing care calls during staff absence.
- The registered manager understood the duty of candour and had processes in place to respond appropriately.

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

- Systems were in place to monitor and maintain the quality of the service, these included reviewing care plans, medication and daily records and regular staff observations.
- The registered manager was knowledgeable about events within the service and worked to resolve issues quickly. They also understood the regulatory requirements and reported information appropriately.

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

- People who used the service and their relatives were included in the development of the service. They were regularly asked their views of the service and were sent questionnaires twice a year which covered all areas of the service. Responses were analysed and used to make plans to improve the service.
- Staff told us they were included in the service and could make suggestions which were considered and implemented where appropriate.

Working in partnership with others; Continuous learning and improving care.

- The registered manager had established effective working relationships with other organisations and professionals to ensure people received a good service.
- The registered manager ensured their skills and knowledge remained up to date through completing regular training. They promoted best practice through attending care calls with staff and monitoring the quality of the service provided.
- A healthcare professional told us, "The registered manager attended a training session I provided. They were very supportive of their staff and receptive to support from my team. It was clear that the registered manager was committed to delivering a service that they would like their relative to receive. They were empathetic and understanding, which was well received by the family."