

Noble Care Alliances Ltd

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## Inspection report

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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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

This inspection took place on 11 December 2018 and was announced as this is a domiciliary care company and we had to be certain someone would be in. This was the first time the service had been inspected by the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of inspection two people were receiving a service from Noble Care Alliances LTD. The service employed four staff including the registered manager.

Everyone using Noble Care Alliances LTD receives 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.

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 service had a registered manager.

At the time of inspection, the registered manager was being counted as a staff member due to staff annual leave to ensure that the people received their service. The registered manager was attempting to recruit staff. This impacted the ability of the registered manager to carry out their manager responsibilities such as appropriately documenting actions that have been taken resulting from audits, the completion of induction and recruitment paperwork.

There had not been any accidents or incidents reported however the provider had a policy in place for staff to reference. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Good practice guidance surrounding reporting safeguarding concerns was also included in staff meetings.

We found that people's needs had been assessed and planned for and that a range of risk assessments had been completed to ensure staff were aware of how to keep both them and people using the service safe. Care plans were detailed, person centred and gave in-depth guidance to staff on how people wanted to be supported. We found that people were involved in decisions about their care and support and their care reviews.

Staff supported people with their medication when necessary and assisted people to maintain good nutritional intake and hydration to safeguard their health and well-being.

An accessible complaints procedure had been developed and people had been provided with a copy of the complaints procedure for reference. People told us they knew how to complain in the event they needed to raise a concern.

Recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and staff received regular training and supervision to enable them to work safely and effectively.

Staff had access to gloves and aprons and had received training about health and safety and food hygiene this meant the infection control standards of the service were of a good standard.

The provider had developed a policy and obtained guidance for staff relating to the Mental Capacity Act 2005. People told us that they were empowered to exercise choice and control over their lives and valued the opportunity to live independently in their own homes.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were getting visits on time and we were told by people using the service that staff were staying the required length of time.

Staff managed people's medication safely when required and staff competencies were regularly checked.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately inducted, received on-going training and were provided with regular supervision and appraisal.

People had given consent for care to be provided and this was documented in people's care records.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity and privacy was respected and promoted by the service.

Staff encouraged people to remain as independent as possible.

People's information was held according to confidentiality policies and guidelines.

### Is the service responsive?

Good ●

The service was responsive.

Care planning process had been established to ensure the needs of people using the service were identified and acted upon.

Accessible systems had been developed for managing and responding to formal complaints.

The provider had end of life policies in place.

### **Is the service well-led?**

The service was not always well-led.

Due to the registered manager working as care staff this impacted the ability to for them to carry out their manager responsibilities.

The provider had up to date policies in place for staff guidance.

There were quality assurance processes in place that included spot checks and audits of documentation.

**Requires Improvement** ●

# Noble Care Alliances Ltd

## **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 inspection took place on 11 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit as this is a small domiciliary care company and we had to be certain someone would be in.

We visited the office location on 11 December 2018 to see the registered manager and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector.

Prior to our inspection, we requested the provider to complete a Provider Information Return (PIR). This 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 reviewed all the information which the Care Quality Commission already held on Noble Care Alliances LTD, such as intelligence, statutory notifications and/or any information received from third parties.

During the inspection, we spoke with the registered manager and one other staff member. Furthermore, we contacted one person using the service and a family member by telephone to seek their feedback on the service.

We looked at the care files for both people using the service, the staff records for all three staff, staff training; complaint and safeguarding information; policies and procedures and audit documentation.

# Is the service safe?

## Our findings

At the time of our inspection the service was providing personal care to two people. The service employed one director/ registered manager, and three care workers that worked variable hours subject to the needs of the people using the service and their individually commissioned packages of care. People we spoke with were very positive about the service being received.

At the time of inspection, the registered manager was working on the community due to staff being off. People we spoke with told us that their care staff were punctual and stayed the required amount of time. We were told "Oh yes they're always on time." However, we discussed with the registered manager the importance of them being able to attend to their managerial roles as this was not always happening as they were delivering support in the community. The registered manager told us that they were in the process of recruiting staff.

A staff recruitment policy had been developed to provide guidance when recruiting staff. Staff had been recruited in a way that helped to ensure they were safe to work with vulnerable adults. Checks were made on candidates work history, identification, conduct in previous employment and character was checked by references. However, we identified that some references had not been verified and that some documents within the staff files had not been dated. This meant that we could not be certain that all recruitment processes had been appropriately followed. This was discussed with the registered manager who assured us that the processes would be reviewed.

Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments. The provider also had disciplinary processes in place if needed.

People spoken with confirmed they felt safe when receiving a service from the provider and comments included "Oh yes, definitely safe" and "Definitely in safe hands."

Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. Records showed that all staff had completed training about safeguarding and this was updated annually. The provider also had an up to date policy on safeguarding. We saw that staff had attended a staff meeting that also discussed safeguarding and how to report any concerns. Staff we spoke with also said that they were aware of whistleblowing procedures and would not hesitate to whistle blow if the need arose.

We looked at the files of two people who were supported by the service. We noted that individual, environmental and moving and handling risk assessments had been undertaken. This helped to identify risks and hazards and any actions necessary to mitigate risk and safeguard people's health and safety.

Staff had received training regarding infection control and personal protective equipment was made available to staff on request. We were told by people using the service that these were regularly used when

needed. There had not been any accidents or incidents reported however the provider had a policy in place for staff to reference.

The provider had developed a policy on the management of medicine for staff responsible for administering medication to reference. Medication training was also completed by staff and periodic checks on their competency were undertaken by the registered manager. We looked at the arrangements in place for the management of people's medication within the service. We noted that medicine administration records (MAR) were completed by staff to record the administration of medication. Medication administration charts viewed during the inspection were found to be correctly completed. We also saw that appropriate guidance was in place if a person needed topical medicines applied (creams and ointments).

## Is the service effective?

### Our findings

We asked people who used the service and their relatives if the service provided by Noble Care Alliances LTD was effective. People spoken with confirmed their care needs were effectively met by the provider. Comments included "They give me the best personal care and "It's great, we always have a giggle too."

The provider had developed a programme of staff training and development for staff to access which covered a range of areas including induction. The induction also included the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. We identified that the documentation regarding induction had not always been fully completed. We asked staff who were able to tell us of their induction. We discussed the importance of recording staff support with the registered manager who assured us that this would be improved.

New staff also went through a period of shadowing sessions where they went out with more experienced staff. This ensured the new staff member was comfortable lone working and was able to competently and safely support people using the service. We also saw evidence of training that was considered mandatory by the provider. This included moving and handling, medication, food hygiene and emergency first aid and was delivered to staff via face-to-face in-house and on-line training.

There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. We also saw that staff had their practice periodically checked by senior staff in the form of competency assessments and spot checks.

Noble Care Alliances LTD had an up-to-date policy in place regarding the Mental Capacity Act 2005. The service was aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. Everyone we spoke to told us their choices were respected. We saw that care plans held peoples documented consent to their care and that this was regularly reviewed.

The provider and staff demonstrated an awareness of the need to liaise closely with care management teams, formal appointees, advocates and relatives in the event a mental capacity assessment was required for a person using the service. We also saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as GPs and district nurses.

People's care needs and choices were assessed as part of the care planning process when first referred to the Noble Care Alliances LTD. We were told how the registered manager worked with both people and their families to ensure the care to be provided was personalised.

We asked people if they received support with their nutrition and hydration and if they were satisfied with the care. Those who were supported with this were happy with the care. People told us what the staff did for them and that it was to their satisfaction. Care plans contained information regarding people's dietary needs including allergies. The care plans also gave in depth instruction of what care was needed at mealtimes. These were regularly reviewed.

## Is the service caring?

### Our findings

We asked people who used the service if the service provided by Noble Care Alliances LTD was caring and if they were treated with dignity and respect. Everyone we spoke to said yes. Comments included "It's all good, very approachable", "They've been absolutely excellent", "They are very very caring" and "They listen to you".

Feedback we continued to receive confirmed that people were satisfied with the service provided and valued the support they received from the care staff. People told us that staff responsible for the delivery of personal care and support were kind and considerate, understood their needs, routines and preferences and were responsive and attentive.

We were told how staff promoted people's independence by encouraging them in their personal care and enabling them to stay in their own homes. We saw in each person's care plan how to specifically encourage independence, this gave staff guidance on how to encourage the person to maintain their independence as much as possible. An example of this was an in-depth explanation on how to encourage a person to do as much as possible for themselves.

Staff we spoke with confirmed they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as their assessments, support plans and risk assessments.

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff. This treated people with dignity and respect.

The provider had information in each person's home that included contact information for the service as well as other information including an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information people's rights to complain.

The provider had developed a policy on equality and diversity and this was on the planned training for the staff to attend. We saw that the 'service user guide' also held information on how the provider aimed to ensure the equality and diversity needs of people were to be met.

We saw that care plans contained information on how people communicated, their needs and what support was needed. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We were told that communication between the provider, people and tier relatives was very good. Comments included "We've got a good relationship where we talk" and "Yes I have a good relationship with the manager."

## Is the service responsive?

### Our findings

People we spoke with were satisfied with the way care was provided and felt listened to by the registered manager and care staff. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One person told us "The information is in the file" and another person said, "They are very good." The provider had a clear written complaints policy a version of this was included in the service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome.

We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely in the head office. We also saw logged responses to complaints. We saw that an investigation took place and what changes can be made to prevent this from happening again. This showed an open and learning culture at the service.

We spoke with the registered manager who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. We saw that these had been reviewed regularly. This process was supported in discussion with people and their relatives.

The file that was placed in a person's home had personal details, a social history of the person, a health assessment that documented any equipment needed and in-depth support that was needed by the person. Care plans were in place for the care people required, this included personal care, support with dressing and communication. Care staff completed a visit log after each visit, these were regularly audited to ensure the staff were following care plans and that records were being completed appropriately. We saw that there were service reviews. One showed a discussion where the registered manager discussed the importance of making complaints and the way it helps to improve the service.

The service also gave a support plan for each visit that instructed the staff in detail of what was expected by the person receiving the service. The documentation was clear and had been completed in full. The care documents also gave clear information on others who were involved in the person's care such as family and the palliative care team.

Noble Care Alliances LTD at the time of inspection was working closely with the palliative care team and had care plans in place if there was a need to provide end of life care. They were able to tell us how they would access end of life training for the staff and by following the end of life policy that was in place.

## Is the service well-led?

### Our findings

This was the first time the service had been inspected by CQC. 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 had been in place since November 2017.

We received comments that the care being received by people from care staff was very good and that the communication with the office was also very good. However, during the course of the inspection we identified that as the registered manager was also carrying out a care worker role this was affecting the registered managers responsibilities to ensure the safe running of the service. This included incomplete documentation regarding recruitment and induction. This was discussed with the registered manager who informed us that they were in the process of recruiting new staff.

The registered manager and senior staff conducted a series of quality checks and audits on different areas of the service and the quality of the service provided for people. These included staff supervisions, spot checks, care plan reviews and the provider liaised with the local authority. We saw that medication records, care records and daily log sheets were audited and actioned if any issues were found such as medication issues. However we identified that the actions were not always documented. This was brought to the registered managers attention who assured us that this would be rectified.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment, advocacy and lone working. These had been regularly reviewed by the provider. This meant that staff had up to date guidance to refer to when carrying out their work.

We saw that staff meetings had been held and the minutes showed that staff were comfortable speaking and airing their views. Meeting minutes showed that topics such as how to report safeguarding concerns were discussed with the staff group.

The registered manager told us how they regularly liaised with other organisations to make sure they were following current practice, providing a quality service and the people in they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals. This was supported in discussion with people who told us how their care review included the provider, the district nurses and social workers. We saw that the registered manager had recently completed their level five diploma in health and social care.

We were told by the people we spoke with that they received a safe and responsive service. Comments included "We work together, we had a few problems in the beginning but by working together they're the best company" and "They're always on time and they're really good." People we spoke to knew exactly who

the registered manager was and how to contact them if needed.