

Nomase Care 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?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

About the service:

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

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 84 people were receiving support with personal care either in their own homes or in supported living settings.

People's experience of using this service

Right support

People living in supported living settings received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. People were encouraged and supported to identify and take part in activities and pursue interests that were tailored to them. Where appropriate, staff enabled people to take positive risks. Staff communicated with people in ways that met their needs.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people. Relatives told us their family members were happy, safe and comfortable at the service. We observed positive interactions between people and staff which corresponded to feedback we received. One relative told us, "Whenever I visit [family member] is smiling and happy. I can't thank staff enough." Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was enough appropriately skilled staff to meet people's needs and keep them safe.

### Right culture

People received good quality care and support because trained staff could meet their needs and wishes. People led active lives because of the ethos, values, attitudes and behaviours of the management and staff.

We have identified some issues with the provider's system for scheduling and monitoring care visit times. We have made a recommendation about this.

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 and update

At the last inspection, the service was rated as requires improvement (Report published 30 April 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led and part of the key question Effective. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from 'Requires Improvement' to 'Good' based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nomase Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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. 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 team comprised one inspector and one Expert 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 also provides care and support to people living in four 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. Inspection activity started on 18 July 2022 when we requested a range of records of care and policies and procedures. We visited one of the supported living settings on 26 July 2022 and we provided formal feedback to the registered manager and nominated individual on 3 August 2022.

#### What we did before the inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

This was partly an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information. We gathered further evidence and made observations of care and support during a visit to a supported living service. During that visit we spoke with two people who were receiving care. We also received written feedback from seven relatives of people who were living in supported living services. We also made calls to 10 people who were receiving care in their own homes and six relatives.

We spoke with seven members of staff including two care workers, one care coordinator, the deputy manager and manager of the supported living services, the registered manager and the nominated individual who is responsible for the management of the service. We also sent a questionnaire to staff for their views and opinions of the care provision and the management of the service. We received feedback responses from 24 members of staff.

We reviewed 10 people's care and medicine records. We looked at five staff files in relation to recruitment and supervision. We also looked at policies, procedures, and records related to the management of the service and infection control. We analysed electronic call monitoring (ECM) data for all the people receiving care in their own homes.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, staff training and quality assurance processes. We also received feedback from five professionals with knowledge of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found the provider had failed to assess and manage risks to people's health and welfare, including those associated with infection control and medicines. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements to how they assessed and mitigated the risks to people including the risk of harm by fire. Staff carried out person-centred fire risk assessments which considered risk factors such as smoking and the use of flammable emollient creams. The risks associated with people's living environments were assessed including risks associated with hoarding. The provider also made referrals to the London Fire Brigade for additional advice and support if fire risks were identified.
- Risk assessments were reviewed when a person's needs changed. There were risk assessments in place where people had health conditions such as epilepsy and for other risks to their health and wellbeing such as moving and handling, and the risk of skin breakdown. Care plans contained clear guidance for staff to ensure risks were mitigated.
- People receiving care and their relatives were positive about how the staff kept them safe. We received comments such as, "I think they safely support me" and "[Family member] is safe with them. We have cameras in the house, so we know she's safe."
- Professionals who worked with the service told us improvements had been made with the safety of the care people received. One professional told us, "The registered manager has worked hard to improve service delivery to ensure the care provided is safe."

Preventing and controlling infection

- At the last inspection the provider was not ensuring staff followed current government guidelines around the use of personal protective equipment (PPE) in supported living settings. At this inspection we found improvements had been made. During the inspection we saw staff following safe infection control procedures and using PPE such as masks in line with current government guidelines. This was confirmed by people receiving care. One person told us, "Staff do wear all the right PPE and they wash their hands before they get my breakfast. They also take off their aprons after my wash and change their gloves before doing food."
- Relatives of people receiving care told us they were satisfied with how the provider had managed to keep people safe during the pandemic. Comments included, "I think they have handled COVID-19 really well" and "At the beginning the manager rang to inform us they were locking down. When it was safe to do so we

visited, and it was apparent that sufficient measures were taken. We needed to show our vaccination status, sanitise our hands and wear masks as well as signing in and out."

- Staff were supported with guidance, information and adequate PPE. We received comments such as, "The placement are always stocked with PPE supplies and I have been trained on infection control for COVID-19."
- Staff were being regularly tested for COVID-19 and appropriate records were kept.

#### Using medicines safely

- The provider had made improvements to how medicines were managed. People were supported by staff who followed systems and processes to administer, record and store medicines safely. The provider ensured staff had the necessary information to administer PRN (when required) medicines safely.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly. People received their medicines at the times they were prescribed or when they needed them. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- Medicines were checked regularly by managers, and any issues were promptly investigated.
- Although we did not identify any concerns with medicines the provider was not aware of national initiatives such as STOMP which is a project to stop the over medication of people with a learning disability, autism or both with psychotropic medicines.

We recommend the provider consults relevant guidance to ensure all staff are aware of this national project.

#### Staffing and recruitment

- The service followed safer recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- There were enough staff on duty to ensure people's needs were safely met. Staff told us, "Yes, I believe we are always sufficiently staffed within the placement I work."

#### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "We have regular safeguarding training. If I had any concerns I would speak to my manager straight away."
- People were protected from financial abuse and there were systems in place to check people's money during shift handovers and routine audits.
- The provider conducted investigations into allegations of abuse or neglect and shared findings with the relevant local authority.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 when this is in their best interests and legally authorised under the MCA.

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.

At the last inspection the provider was failing to obtain consent from people in line with the MCA which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider was following MCA best practice guidelines. People's consent was gained before staff delivered care and support. Staff conducted capacity assessments when they had cause to suspect people lacked capacity to consent to their care and treatment.
- When people's care involved imposing restrictions to keep them safe the provider communicated with the local authority so applications could be made to the Court of Protection to authorise these.
- All staff received MCA training and were able to describe how they put this into practice by offering people choices and explaining options in a way they understood. One member of staff told us, "I understand that everyone should be assumed to have capacity to make choices and decisions."

# 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 Requires Improvement. At this inspection, this key question has remained the same. This meant although improvements have been made some aspects of the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider did not ensure systems and processes were in place to effectively assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had made improvements to their quality assurance processes. Managers routinely audited care plans and risk assessments and addressed issues when they arose. Due to the improvement in quality assurance processes we saw a general improvement in the quality of care records across the service.
- 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. Staff were clear about their responsibility to report concerns to senior managers.
- The manager conducted regular visits to people's homes and supported living services and completed formal audits. One person told us, "I have had a couple of visits from the office to check things are going ok." One professional told us, "Managers and supervisors are regularly out in the field to ensure clients are satisfied with the service and that any issues can be addressed promptly."
- Despite overall improvements we identified issues with the scheduling and logging of care visits to people's own homes. As part of the inspection we analysed the electronic call monitoring (ECM) records and staff rotas. We found staff were scheduled to be in two places at the same time and/or did not have sufficient travel time between visits to enable them to get to people on time. The ECM data showed staff were routinely logging into one visit before logging out of the previous visit. This meant we could not be assured that people were getting their visits at the correct time and for the correct duration.
- Most people were satisfied with staff timekeeping. Positive comments included, "They are on time and spend the full time here and we get it all done. I haven't felt rushed" and "I have two of them and they're always on time and arriving together." However, some people told us staff were not always on time and did not stay for the correct length of time. Negative comments included, "They get everything done but I never know when they are coming, and they don't stay for the full time" and "They only stay about 15 minutes instead of 30."
- We shared our concerns with the provider, and they made immediate improvements to the rotas to ensure

staff were scheduled to be in only one place at a time and have sufficient travel time between each visit. However, the issues with staff logging in and out incorrectly persisted which meant the provider could not demonstrate all people were getting their care visits as planned.

We recommend the provider takes the necessary action to improve the effectiveness of the ECM system.

At the last inspection the provider was failing to notify us of all allegations of abuse. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider was notifying us of all allegations of abuse and any changes, events and incidents that affected the service or the people who use it.
- The provider was meeting their responsibility to display the ratings of the previous inspection.

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;

- People and their relatives were consulted about their care needs and plans were in place to ensure these were met. One relative told us, "I was really allowed to be part of the transition and the care planning process." People told us they were happy with the care and support being delivered. A relative told us, "Yes, I do believe [family member] is getting a good quality of care. I would be deeply saddened if they were to be moved."
- People living in the supported living settings were allocated a keyworker who was responsible for helping them identify goals and aspirations and monitor progress towards these. People were supported to attend activities based on their interests and personal preferences. A member of staff told us, "Activities are person-centred around each client's interests to maximise their potential and improve their independence."
- Staff felt respected, supported and valued by senior staff. Comments from staff included, "I have been positively empowered in my current role and I feel very confident in my duties" and "I love working in a job where I am appreciated so much."
- We received positive feedback from professionals about how the service provided person-centred support. Comments included, "The registered manager has redesigned the care plans to ensure they are person centred" and "Overall improvements are evident and the feedback from clients has been positive."
- The service continued to understand their responsibility to be open and honest and give all relevant people information when things go wrong.

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

- People had regular opportunities to give feedback about their care by returning regular satisfaction surveys to the provider. One person told us, "They recently sent us a questionnaire asking for our feedback."
- Relatives of people receiving care were kept up to date with significant events or changes. Comments from relatives included, "I am always kept up to date" and "Communication is really good. I get reports and photos of what [family member] has been doing."
- The provider arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff informed of relevant information. Staff were positive about how they were engaged with and consulted. One member of staff told us, "My manager is very supportive, and she gives updates as early as possible and also checks in with staff often."

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals and healthcare professionals such as social workers, physiotherapists, occupational therapists, GPs and district nurses to plan and deliver care and support.
- We received positive comments from professionals about how the service communicated and worked in partnership to achieve good outcomes for people. One professional told us, "Nomase Care have demonstrated a good insight in their support and have been very responsive and maintain good communication with me."