

Novus Care Limited

Novus Care

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?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 15 March 2016 and made telephone calls to people who used the service and staff on 17 and 22 March 2016.

Novus Care is a community based service providing home care support for people living in their own homes. At the time of the inspection, there were approximately 45 people being supported by the service.

The service has a registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they were given the opportunity to get to know the people they supported. Relatives we spoke with described the staff as very good and caring.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people when required to attend health care visits such as GP appointments and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff went the extra mile when providing people with care and support.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Novus Care

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 over three days on the 15 March 2016, when we visited the offices. On 17th March 2016 we carried out telephone interviews with relatives and people who use the service. On 22 March 2016 we carried out telephone interviews with staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, senior staff and the proprietor. We also spoke with four care staff and 10 people who used the service and three relatives. We looked at the care records of five people who used the service and the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We asked people if they felt safe when staff provided them with care. They said, "yes, I feel safe." While another person responded with "absolutely." A relative told us, "[relative] doesn't take to care easy but they are so far good and keep [relative] safe."

Staff gave us an example where a person's family had asked the provider to assist with keeping them safe in their home because they did not live locally. We saw correspondence between the provider and the relative which showed how they regularly monitored the person and communicated any issues to their relative. For example if the person needed repairs around the house, they informed the relative who would arrange it and staff would be made aware of any contractors that should be expected. We saw a letter from the person's relative who stated, "I feel relaxed due to the care and support [relative] receives."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. They said, "I will raise any concerns, if I feel someone is being harmed then I will tell the office and report it". When we spoke with staff in the office they told us that care staff would call in with concerns about a client and they would then take action to safeguard them. Staff were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager. If they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm.

Individual risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred. Staff said, "We always follow the risk assessments and care plans, but we also look around and make sure things are not on the floor. We keep doors locked."

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, we saw that the service had provided the correct level of staffing to meet their needs. Staff told us, "We don't enter the house until the second person is here, it's not allowed." People told us that generally staff arrived at the allocated times but this was not always the case. Some people did comment that on occasion staff would not always arrive within the allocated times. One person said, "They are not always on time, but I don't mind as long as they turn up." We asked staff about

the time they were allocated between calls and they said "sometimes it can be tight." People did however say that they had never had an occasion when a call had been missed.

People we spoke with were positive about the staff that provided care and said that they were supported by a consistent group of staff which meant that they were able to get to know them.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported with this. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medicine, they would inform the office and relatives.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One person said, "[staff] are trained well, I have no complaints." Staff told us that they were supported by the provider to gain further qualifications and training. They said, "We get a fair bit of training." Staff had received training in areas such as safeguarding, infection control and safe movement. Staff told us that if they needed refresher training then this was provided to them. They said that they were encouraged to gain further education and progress their career within the organisation and we saw examples of where staff had received career development.

One person said that the staff were, "not bad...they move at my pace." Another person gave us an example of how well their care staff knew them and supported them. They told us that they would sometimes find it hard to take a breath but that the care staff knew exactly what to do and how best to support him to be safe and regain control. The person said, "They will offer to call me an ambulance; they sit me down until I'm better. They know what to do and stay calm." This showed that staff knew the people they were supporting and how best to keep them safe.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to. Staff told us that management would also gain feedback from the people they supported in order to get a full picture of staff performance. They said, "The manager asks them how I am doing and will feedback on my performance." Staff also said that they would occasionally receive unannounced observations in which their performance would be observed first hand and feedback given to them afterwards.

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. 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. We found that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. They said, "Everyone has capacity it has to be proven that they don't have it." People were asked to sign their care plans and consent to the care they were provided with.

Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. One person told us, "[staff] ask before doing anything." While another person said, "they do whatever I ask them to do." Staff told us that they worked at a pace that made people comfortable and did not rush them. This was confirmed by the people who used the service they said, "[staff] move at my pace, there is no rushing out the door." Another person said, "[care] is tailored particularly to my needs."

Staff gave people assistance and guidance in their daily lives. They told us, "We work with people to find that best way to communicate." They told us that people were free to make day to day decisions about their care and support. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates. We asked staff how they would communicate with people who were unable to verbally communicate. Staff demonstrated and told us, "If I'm asking them if they want a drink, I hold up the tea or the coffee." They also said that they would use picture cards or body language to further assist with communication.

Care records showed that staff supported people where possible to remain healthy. We were told that staff encouraged people to eat well. For example, staff told us that when they visited a person they would ask them if they had eaten. Staff would also check the person's fridge for food which may be out of date. One staff member told us that if they felt a person had not eaten enough then they would inform the office who would tell the persons relatives of the concerns. One relative said, "[staff] keep me well informed...we regularly discuss how [relative] is getting on."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required, staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GPs.

Is the service caring?

Our findings

People and their relatives commented positively about the staff. One relative said that they were, 'very impressed' with the care that was being provided by the staff at Novus care. While another relative said that the staff were, "very caring." When we asked people who used the service if the staff were caring they said, "oh yes, definitely." Another person told us that the staff were, "a great help....they do as I ask". One person while talking to us said, "My mother named me [name] but I prefer to be called [name], the ladies know that and will call me that, they are lovely." This showed that the care staff took note of what people liked and cared about their preferences.

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said about their carer, "We get on famously." While another said, "they let me make the decisions."

From our discussion with staff we found that they were caring towards the people they provided care and support to. Staff said, "We don't take life too seriously, we go in with a smile." Staff told us that because they had set people that they supported they were able to get to know them and chat to them about their preferred subjects. One staff member said, "We talk to people about what they want to talk about; one client likes to talk about politics so we discuss that, then I go to the next and they want to talk about something different." Staff told us they showed respect toward people also and one member of staff said, "We respect that we are going into their homes." They told us that they encouraged people to make decisions about the care they wanted each day. One staff said that they would allow the person to lead the session. "I ask them what they want; I will go in and ask, how are you? What are we doing today?" Staff said that, "they [the person] lead the care; I'm just there to assist them."

Staff promoted people's choices and enabled them to be more independent where possible. One person told us, "[carer] lets me do things myself, they will help me to the shower then go out and make my bed, and they only come back in if I call them." Staff we spoke with said that because they had set people they cared for, they know their level of dependency so could assist them as they liked to be assisted. A staff member said, "I always chat with people and speak softly, I try and be a friend." Staff respected people's privacy and dignity by encouraging them to wash themselves until they called them for support. Staff said, "Some people can get quite unhappy, so you do as they want, it makes them feel empowered." This ensured that people's privacy and dignity were observed while allowing them to remain as independent as possible.

People and relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. We saw that appropriate care plans were in place so that people received the care they required to meet their needs. We asked one person if they felt that the care being provided to them was personalised to their specific needs and they responded with, "definitely." While another person said, "anything I say, they do." A relative told us, "They try their best to accommodate [person's] wishes while keeping her safe." There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records.

Staff understood people's individual backgrounds, ages, likes and dislikes. Staff said that before they began providing care they were given briefing about the person they would be supporting. They said, "They tell me about them before I go in, so am informed about it." They told us that they would take information about the person from the care plans and risk assessments, and that the newsletter would also let them know how people were. For example, if someone was exhibiting behaviour that was challenging or if someone had recently been discharged from hospital, then staff would be made aware so they could review care plans and be prepared to support the person safely.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. The provider had an automated system in place to review the care plans periodically. The manager told us that if a person's needs changed more often, they would provide on-going updates. We saw that there was regular dialogue with the person and their relatives and the care plan became a working document which was updated by care staff and family almost daily to better reflect the person's changing needs.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had received one complaint in the past year which had resolved in accordance with the complaints policy. They had also received 12 compliments from people who had used the service who had made positive comments such as 'the company is fantastic and give an excellent service.'

Is the service well-led?

Our findings

The service had a registered manager in place. People we spoke with spoke highly of the staff and the company. They said, "They are brilliant." All people told us that the care provided by the provider was good and they "know the office staff really well." We saw examples of where office staff and the manager had worked together with care staff to enhance people's care packages in order to support them.

People said that if there was to be a change in their carer then they would be informed, but they said that when staff were running late they were not always informed of this. They said, 'they don't always tell you when they are late.' Another person said, 'I'm very happy with them, but they seem to be busy coping.' In our discussions with the owner they did inform us that they had recently gone through a difficult time in which all staff including office staff had pulled together to provide additional support to people who used the service. They told us that although keeping up with call times had been an issue this was now resolved and they were able to support people as before.

The organisation demonstrated an open and transparent culture throughout. Staff told us that it was an, "open" organisation and they were encouraged to speak out. One person said when talking about the organisation, "this is a really good atmosphere to work in." The manager said that all staff worked as a team and were encouraged to whistle blow if they felt they needed to. The manager had an open door policy which meant that staff felt empowered to raise any concerns.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and friendly. They said that they never felt as if they could not go to the manager if they had any problems. They said, "Manager understands that we have lives and can have personal problems as well." The manager told us that they, "lead by example". They said, "I would never ask someone to do something I have not done myself."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes to improve the quality of the overall service. The manager said, "I ask staff for their opinion on how best to support people because they know them the best," Staff told us that the provider was supportive and kept them up to date with everything that was happening.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date

records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.