

Novus Care Limited

Novus Care Limited

Inspection report

4 Creswell Corner
Anchor Hill, Knaphill
Woking
Surrey
GU21 2JD

Tel: 01483488626
Website: www.novus-care.com

Date of inspection visit:
24 June 2016

Date of publication:
10 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 June 2016 and was announced. We told the provider one day before our visit that we would be coming. Novus Care Limited provides domiciliary care services to older people who live in their own home. At the time of our inspection there were thirteen people using the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 200 and associated Regulations about how the service is run.' At the time of this inspection we saw the current new manager had submitted an application to CQC to be registered.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard them from the risk of abuse. There were appropriate policies and procedures in place to inform care workers on how to report potential or suspected abuse. Care workers understood what constituted abuse and were aware of the steps to take to protect people.

Risk assessments and risk management plans to reduce the likelihood of harm were in place. There were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Care workers had received training in relevant areas of their work. This training enabled them to support people effectively.

Care workers understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making decisions about their care and support. Their consent was sought and documented.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and care workers supported them with meals.

People told us they were treated with dignity and respect. Care workers understood the need to protect people's privacy and dignity. People confirmed care workers knocked on their doors before they could enter their homes.

People were satisfied with the service and had not needed to use the complaints procedures. Any minor issues people had raised with the service were addressed immediately and people were confident that complaints would be dealt with effectively.

Care staff gave positive feedback about the management of the service. The manager was approachable and fully engaged with providing good quality care for people who used the service.

There were effective quality assurance processes in place to monitor the quality of the service and these were used to continually review and improve the quality of care for people.

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 protected from risk of harm. The service had an effective approach to safeguarding, whistle blowing, and staff recruitment.

Health and welfare risks to the person receiving care were assessed and managed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People received care from a regular team of staff who had the appropriate skills to meet their needs.

People were provided with support to ensure their dietary needs were met.

Staff liaised with health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

Care workers told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted on.

The service ensured they provided the same care worker whenever possible so people had continuity of care.

Is the service responsive?

Good ●

The service was responsive.

The needs of the person receiving care had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of the people. People told us care staff provided care and support that met their needs.

People receiving care knew how to make a complaint and complaints were responded to and resolved appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with support. Staff were complimentary about the support they received.

People were given the opportunity to provide their opinions about how the service was run.

There were effective quality assurance systems in place to monitor the quality of care. We saw that this was used to drive improvements.

Novus Care Limited

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 24 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager was sometimes out of the office. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

During the inspection we went to the provider's office and spoke with the manager, and two service directors. The manager identified the names of people who used the service or their families and a list of staff. We spoke with four people receiving care over the phone.

We spoke with five care staff and we also contacted the local authority for their view of the service.

We reviewed the care records of five people who used the service, and looked at the records of staff and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe. I have never been worried about letting staff into my home" Relatives said they felt people were safe. One relative told us, "My relative is safe because of regular visits from care staff."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Care workers were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information. A safeguarding policy was in place. Care workers understood the procedures they needed to follow to ensure people receiving care were safe.

Written risk assessments were detailed for each individual and recorded in people's care records. These covered a range of areas, such as the physical environment, safety and security at home, moving and handling, risk of falls and medicines administration. For example, one person was at risk of falls and there were clear guidelines in place for staff to minimise this. In another example, one person suffered from seizures and there were clear guidance for staff on how to manage this person if the seizures went over an agreed threshold. The risk assessments informed care workers exactly what they had to do in the event of any untoward occurrence. The risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. The manager told us copies of risk assessments were kept at the person's home to ensure care workers were able to access them as required.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were supported by sufficient care workers with the appropriate skills, experience and knowledge to meet their needs. Care workers told us they were given enough time to travel to people and spend the agreed amount of time supporting people. The manager was also available to cover calls in emergencies. People told us they had enough staff support and visits were never rushed.

Appropriate policies were in place for the safe administration of medicines so staff had access to important information. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Care workers confirmed they had undertaken training on medicines administration. The staff training matrix showed all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health. Records showed care workers completed the required documentation when supporting people with their medicines.

Is the service effective?

Our findings

Care workers had the right skills and knowledge needed for their role. This was confirmed by people receiving care. People thought care workers understood their care needs and knew what they were doing. They told us that, "Staff are very competent". A compliment from a relative remarked on the impressive skills of a care worker, which were viewed as 'second to none'.

Care workers received regular training to enable them to provide safe and effective care. The induction programme of care workers included observing experienced staff, reading people's care plans and getting to know people. All new care workers were required to complete the 'Care Certificate' during their probationary period of three months, after which they were required to demonstrate competency in relevant areas. Topics covered during the 'care certificate' induction included, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Care workers were required to complete 16 mandatory standards of care in accordance with the requirements of the Care Certificate. This was designed to help ensure care workers had a wide theoretical knowledge of good working practice within the care sector.

Mandatory training along with other more specialist training, designed to help care workers to meet people's individual needs were in place for all staff. We confirmed care workers had undertaken training such as, medication competency, manual handling, health and safety, food hygiene, fire safety, dementia and infection control. Care workers were knowledgeable about people's individual needs and preferences and how to meet these. Relatives thought staff were highly trained and knowledgeable.

Care workers told us they received regular supervision and annual appraisal and records confirmed this. They told us they discussed performance and development and the support needed in the role. Appraisals were undertaken annually to assess and monitor staff performance and development needs. All care workers had had an appraisal within the last 12 months. This ensured that people were supported by care workers who were also supported to carry out their duties. Care workers told us they felt well supported by the manager.

The service worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated. The service supported people to access services from a variety of health care professionals including; GPs, occupational therapists, and other specialist services. For example, we saw the service had referred a person with mobility challenges for occupational therapy input and had sought medical input as necessary.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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.

The service had written information on the MCA so that care workers had access to important information to uphold people's rights; for example capacity surrounding taking medicines. Care workers were clear that when people had the mental capacity to make their own decisions this would be respected. They understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. We confirmed from records care workers had received training to help them understand how to protect people's rights.

People were supported to eat and drink well.. The manager explained that food preparation was dependent on whether the person receiving care lived with family and if food and nutrition tasks were part of the support required. In most examples people were responsible for budgeting, shopping and cooking their own meals. However, staff ensured the nutritional and cultural needs of people on special diets were met. The manager told us, "One person is Muslim and family prepare food. If needed, we would speak with the family or the [person] to find what type of food they like." This was also true of people on diet controlled diabetes who received supported with their shopping or nutrition.

Is the service caring?

Our findings

People told us that the manager and staff were kind and caring. They said they were treated respectfully. One person reported "We are very happy with the level of care." A relative commented, 'Thank you again for all your help. We are very glad we found you'.

Care workers told us how they respected people's privacy. They ensured doors and curtains were closed when providing personal care. They told us they knocked on people's doors before they could enter their homes. The care plans described how people should be supported so that their privacy and dignity was upheld. These were regularly reviewed, to ensure staff understood when people may need more support and attention. People told us care staff respected their privacy and dignity.

Care workers were knowledgeable of people's histories, likes and preferences. Care plans contained information about people's preferences and identified how they would like their care and support to be delivered. The plans had been developed in a person-centred way, so they included people's likes and dislikes. Information about individuals' specific needs and records had been reviewed and updated to reflect people's wishes. The manager told us the plans were developed with people and their family members where necessary. In an annual quality survey that was carried out in 2015, people had responded positively to the question of whether they were involved in the development of their care plan. One person said, "My [relative] dealt directly with adult social care to agree support plan"

The manager said they tried to provide people with the same regular carer workers so they could get to know their needs and build up trusting relationships. People told us that they had some regular care workers that knew them well. People confirmed the agency always sent the same staff; and were notified in advance if a different carer was booked. Likewise, care workers confirmed they had a regular schedule, which meant they could get to know people they supported so their needs could be met.

The service manager completed spot checks on care workers to ensure they supported the person in a respectful and professional way. The manager contacted people to ask for their permission to do staff spot checks whilst they received support.

The service had an up to date policy on equality and diversity. Care workers had received training on equality and diversity, as part of their induction. For example, the assessment form covered people's preferences in terms of language, culture, religion and lifestyle. A section on dietary requirements also indicated a variety of food types.

Is the service responsive?

Our findings

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. One person told us that if they had problems or concerns they would speak to the office staff. Another person told us, "Our views are respected."

Care plans were person-centred, including personal histories of people, their likes and dislikes. The files also contained risk assessments and like care plans, they were also personalised. The information in both care documents was clear, easy to follow and complete. For example, the medicines plan of one person stated, "[Service User] will be up and around on care worker arrival. [Service user] should have taken their morning medicines. Please check the blister pack to ensure all medicines has been taken." Such clear and concise instruction meant that any new care worker would have a relevant amount of information about the person before providing care.

The manager described a thorough assessment process to ascertain people's requirements prior to care visits. People's life histories, likes and dislikes had been acted on in a meaningful way. People confirmed they were supported to live their lives as they chose. For example, one person enjoyed shopping, and we saw evidence the service had made arrangements with the person and their family for this to be supported. The manager told us they supported the person to write a shopping list, which provided the opportunity to encourage healthy eating. Another person's cultural needs meant their food had to be prepared in a particular way and the service ensured this was carried out. This meant staff had taken into account people's interests and ensured they established means for people to be engaged with those interests.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. The reviews identified changing needs in people's care, with corresponding changes to care plans. This ensured that care plans contained up to date information. Any changes to people's needs were documented in 'review customer needs assessment form'. For example, we saw care workers had incorporated recent occupational therapy and speech and language therapy advice into relevant care files. In another example, a person's care plan was updated following a review, which had listed changes in their needs, including decreased mobility and communication. People we spoke with unanimously confirmed that their needs were reviewed regularly with the involvement of family. This meant people could be assured of care that was informed by recent information or input from healthcare specialists.

The service sought feedback from people who used the service by conducting surveys. The survey included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. The survey questions included, 'were you involved in the preparation of your plan'? 'Were you given enough information to enable you to make informed choices about your plan of care'? 'Do the services provided meet your needs'? Findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others.

The service had a complaints policy in place. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. Where complaints

had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. For example, the service had received one complaint in the past year. A person receiving care was not happy with the care worker assigned to support them. This complaint had been investigated and responded to in line with the complaints procedure. The care worker was eventually changed. This meant the registered manager listened to people who used the service and their relatives and acted promptly regarding any concerns.

Is the service well-led?

Our findings

There was a strong sense that the lines of communication between staff and management were open, enabling and supportive. Care workers told us the management team did listen to them. When they had raised issues the management had responded accordingly. Records confirmed regular staff meetings, regular staff supervision, and call meetings. The manager told us, "It's about having honest and open chain of communication." Staff told us morale was good and that they were kept informed about matters that affected the service. They felt well supported by the management and could always speak with them. One care worker told us, "The manager is very supportive. She is always there for us if we have problems with work."

There was a clear management structure including a manager, care coordinators and directors of the service. Care workers were fully aware of the roles and responsibilities of managers and the lines of accountability. The manager told us she encouraged a positive and open culture by being supportive to care workers and by making herself approachable. The director of the service told us: "From the first day new staff are made aware of the structure in terms of points of contact and day to day communication with the office."

Staff meetings enabled care workers to share ideas and discuss good practice when working with people. Care workers told us they were encouraged to consider ways they could provide people with better standards of care and support. We read three most recent minutes of staff meetings, which showed open and transparent discussions between care workers and management. Care workers were able to make suggestions about the way the service was provided.

We spoke with the manager about the checks they carried out to make sure the service was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Care workers had received regular 'spot checks' where the manager observed them providing care to people and assessed areas such as their punctuality, the quality of logs, medicines and how they worked with the person. Where there were concerns about the performance of care workers, this had been addressed using the provider's policies which included supervision and performance management.

The local authority also conducted audits and we saw that an action plan was produced, that identified gaps and improvements to be made to address these. An audit undertaken in November 2014 reported improvements. For example, new risk assessments had been introduced to identify risks in and around the home; MAR charts had been improved to ensure safe administration of medicines and user involvement. At this inspection we saw that the service had sustained these improvements. The service had also carried out annual quality surveys with people using the service. Records of these checks included details of action to be taken and action that had been taken to improve. This showed us that the provider valued the views of people.

We also saw that accidents that occurred within the service were appropriately documented and investigated by the manager. The outcome of investigations led to a monthly analysis of all accidents and incidents to identify any areas of increased risk. The results of this analysis were shared with staff to raise awareness of identified areas of increased risk within the service.