

Novus Care Limited

Novus Care Limited - Wickford

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

About the service Novus Care provides personal care to 56 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. 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.

People's experience of using this service and what we found Except for two, the people we spoke with during this inspection were positive about the service they received.

People and their relatives said they felt safe with the staff who supported them. Robust recruitment checks were in place. When care had to be prioritised it had been scheduled around those people with the greatest needs. People said that despite having experienced some problems caused by the effects of the pandemic, they had regular staff. Staff had been trained in safeguarding and knew how to raise any concerns correctly.

Staff had a good supply of PPE and used this effectively when supporting people.

Staff had been trained in a range of mandatory subjects, and new employees were given an induction. People's needs were assessed before care started. People were supported to eat and drink in line with their assessed needs. Detailed information was available in people's care plans relating to their health needs and the support they needed.

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.

The staff respected people's choices and asked them about the care they wanted. Records included information for staff about what outcomes the person wanted to achieve and how to support them to maintain their independence. People were generally supported by regular staff which helped to develop a good rapport.

Care plans had been reviewed, and people and staff told us they had been involved in this process. Where appropriate, end of life choices had been recorded. The registered manager had oversight of the complaints process and provided appropriate and timely responses.

Some staff told us that communication between themselves and the office could be improved. Generally, people told us they could not fault the staff and that they did a good job. Several people said they would recommend the company. Governance checks had been put in place, and these were being routinely carried out to monitor the quality of the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. This service was registered with us on 30/10/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the staff working without the correct recruitment checks or PPE. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team This inspection was carried out by one inspector and an 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with six people and 10 relatives about their experience of the care provided. We also spoke with six

members of staff including the provider and registered manager.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested information from professionals involved with the service. When their views have been shared, these have been included in the report.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment.

- This inspection was triggered by concerns being raised that some staff had been working without the appropriate recruitment checks being carried out.
- We found that robust recruitment checks were in place. Staff had Disclosure and Barring Checks (DBS) before they started work, and references had been obtained.
- In the months before the inspection, staffing levels had been significantly affected by the pandemic, and some staff needed to self-isolate. This meant care had to be prioritised and scheduled around those people with the greatest needs.
- This had resulted in mixed feedback being received. Some people said they had experienced staff arriving late or early. One person said, "The staff are not always on time and they don't always stay as long as they should do which concerns me." Another person said, "I mainly have regular carers, but during COVID-19 I have had some carers I haven't seen before, but that can't be helped."
- People said despite having experienced some problems caused by the effects of the pandemic they had regular staff. "A relative said, "The staff arrive on time and stay for the full allotted time. The staff who provide support are more or less the same regular ones each day, but slightly different at the weekends. They all know [Name] very well."

Learning lessons when things go wrong

- When things had gone wrong the registered manager had taken steps to learn from the event. For example, after an incident, the registered manager had retrained the staff member involved and sent an email to all staff stating which policy and guidance they should be following.
- The registered manager monitored when accidents and incidents had taken place and took action to mitigate any potential risks.

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

- Systems were in place to safeguard people and incidents were investigated, reported and responded to correctly.
- Staff had been trained in safeguarding and knew how to raise any concerns they may have.
- People and their relatives said they felt safe with the staff who supported them. A person said, "All my carers are amazing. What they do is fantastic. They are wonderful they can't do enough for me. I feel very safe with them."

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place which reflected people's health needs and abilities. For example,

there were risk assessments relating to people when they had a specific diagnosis such as Parkinson's Disease or Diabetes.

- General risk assessments were in place relating to manual handling, people's safety and the environment.
- Staff wore uniforms and ID badges. One relative said, "[Name] knows they are from Novus because they wear a uniform and they have an identification tab."

Using medicines safely

- Staff supported people to take their medicine in line with their assessed needs. Staff had been trained in medicine administration and competency assessments were regularly carried out.
- Medicine protocols were in place, providing information to staff about what signs to look out for to determine if medicine was needed.
- The registered manager carried out regular audits of the Medicine Administration Records (MARs) and looked for any gaps or errors.
- When either a recording or dispensing error had occurred, action had been taken to make sure the person was safe. The staff member undertook further training and the registered manager carried out a competency assessment.

Preventing and controlling infection

- Staff used Personal Protective Equipment (PPE) effectively and safely. One person said, "Due to COVID-19 the staff have face masks, aprons and gloves on when they come in."
- The staff had access to PPE. One staff member said, "I can always pick up more PPE when needed. The senior makes sure we have enough."
- The office environment was clean and hygienic and supported social distancing.
- The registered provider's infection prevention and control policy was up to date, and business continuity plans were in place.
- Staff had been trained in infection prevention control, hand hygiene, and COVID-19
- The service was engaging with COVID-19 testing arrangements, and supported staff to self-isolate in line with government guidelines.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Except for two, people told us the staff were well trained. One relative said, "The staff are well trained. They know what to do and they are respectful of [Names] wishes." Another person said, "I do think the staff is sufficiently skilled."
- Staff were given regular training and told us they were well supported by the registered manager. Staff had been trained in mandatory topics and additional training such as diabetes, sepsis, and oral care.
- The registered manager carried out regular spot checks, supervision and appraisals with staff. One staff member said, "I do feel supported. If I want to talk to my manager, they are always available at any time."
- New staff were required to complete an induction, which included shadowing more experienced staff members. They were then encouraged to complete the Care Certificate which is best practice when inducting new staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before care was delivered.
- Equality characteristics, such as, religious, and cultural need were considered during the assessment and were reflected in people's care plans.
- The initial assessment recorded the achievement's people wanted to make and recorded their strengths and abilities.

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

- When people were supported to eat and drink there was detailed information in the care plan, for staff to understand how to help people in line with their assessed needs. One family member said, "They make [Name] meals and ask them what they would like. There is always a store of frozen foods in the freezer. I know that they ask them which meal they would like each day."
- Staff had been trained in food hygiene and nutrition and hydration.

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

- Detailed information was available in people's care plans relating to their health needs and the support they needed.
- Staff worked with other agencies to support people's health needs.
- A hospital admission sheet was in each person's care plan providing key information if the person quickly needed to go to the hospital, such as, medicine, allergies, doctors, emergency contacts, medicine, and

medical history.

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 the 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information relating to people's decision-making ability was recorded within the care plan.
- Signed consent was obtained from them or their representatives.
- When people suffered from memory loss, assessments were carried out which considered people's decision-making ability, such as washing, dressing, eating and nutrition. The registered manager said they would contact the person's social worker if a formal assessment was required.
- Staff had been trained in the MCA and DoLS.
- Enquiries had been made with the Office of the Public Guardian to search if people had a lasting power of attorney or enduring power of attorney registered.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff that supported them, knew them well. Several people described the staff as being very caring. A relative said, "The staff are very kind, caring and helpful. They sometimes go beyond their normal duties." Another relative said, "The staff are very kind and caring. They always offer to do anything for [Name]. They make their bed for them because they know I find that difficult. They respect their dignity and they call them by their preferred name."
- People said the staff were helpful. One person said, "The staff are lovely, friendly and helpful. It is so nice to have a chat. The staff are a major asset to the company."
- People were generally supported by regular staff which helped to develop a good rapport.

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

- The staff respected people's choices and asked them about the care they wanted.
- People had the choice of male or female care staff, and this was respected. One person said, "I asked at the start not to have male carers due to personal reasons and they have stood by that and met my wishes."
- The office staff called people to check on the care they received and to ask them their views about how the service was going.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were supported. One person said, "The staff are kind and caring and go above and beyond to help [Name]. They respect their dignity at all times." They talk to [Name] about their past, as that is all they can remember now."
- Staff could describe how they would work with someone at the person's own pace. One relative said, "Most staff know [Name] very well. They have to do exercises twice a day and sometimes they don't feel like doing them. When they refuse, the staff don't force them."
- Records included information for staff about what outcomes the person wanted to achieve and how to support them to maintain their independence. One relative said, "They encourage [Name] to be as independent as possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Since the new registered manager had been in post, systems had been put in place to respond to complaints, compliments, or concerns. When people had raised a complaint, these had been responded to.
- People told us they had been given information and knew how to complain.
- Some complaints had been raised regarding, timings and length of visits, staff understanding, and lack of continuity of carers. One person said, "The staff are well trained, some are very good, and others are not. I have sent some staff away and said I don't want them again. I've not seen them again, so the management sorted it out."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone knew about their care plan and told us it was updated regularly to make sure everything was still correct. A relative said, "[Names] care plan detailed everything to make sure they get the support they need." A person said, "They are pretty good at phoning up every month to see how things are going to see if the care plan is okay."
- Staff were involved when reviewing people's support needs. One staff member said, "When reviews take place, they ask us questions on people's care, they always take on board our input."
- People's care plans considered the outcomes people wanted to achieve. Such as, being able to get dressed independently or take ownership of an element of their care.
- With the exception of one, people told us staff responded to their needs effectively and provided care enabling them to have control over their day to day lives.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded within their care plans.
- The registered manager said they would provide information in alternative formats or use a translation service if this was needed.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Staff had been trained in end of life care, and policies and procedures were in place.
- Care plans contained information about people's preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- Some people and staff told us that communication between the office and themselves could be improved. Some people and their relatives said the office staff had failed to pass on messages, which had caused problems.
- The registered manager acknowledged this and explained this was due to the service needing to take emergency measures due to staff self-isolating because of COVID-19. They used trained office staff to help to deliver care to people. They said this was an area of the service they were focusing on improving.
- A recent staff survey shared similar feedback. One staff member said, "I feel the office staff need to communicate with the staff more."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were asked about their experience of using the service regularly. Surveys were carried out with people, their relatives and staff. The most recent survey had high levels of engagement with people and positive feedback about the service had been received.
- Generally, people told us they could not fault the staff and that they did a good job. Several people said they would recommend the company.
- Staff spoke positively about working for Novus Care. One staff member said, "It is a lovely place to work, there is always help when needed. They listen to my input. I have been here for a few years and I still enjoy it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Except for two, people told us the senior team listened well and was approachable. One person said, "The manager is very good, they are very approachable. I get phone calls about every three months to see if I am happy with the care I receive. The care that is provided is very good and if I have a problem, they deal with it without making a fuss. I have recommended this company already to someone I know."
- A new registered manager had been recruited and was clear about their role and responsibilities. They understood their regulatory requirements.
- Notifications about the service had been submitted in a timely way.
- The registered manager carried out a range of weekly and monthly audits, which assured the quality of

service people received.