

Novus Care Limited

Novus Care Limited - Woking

Inspection report

Unit 16A
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Tel: 01483750748

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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 Limited - Woking is a domiciliary care agency that was supporting 46 people 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
People and relatives told us they felt safe with staff. Staff were knowledgeable about safeguarding processes and reporting procedures were followed. People were supported by staff who had received training in medicines management and staff competence was monitored. Risks to people's safety were assessed and any concerns addressed promptly.

There were enough staff to cover all care calls and people were supported by regular staff who knew them well. Staff received an induction when starting at the service and on-going training and support. Where people required support to eat and to access healthcare professionals this was provided. 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.

People and their relatives said staff were caring and they were treated with dignity and respect. People felt listened to by staff and were involved in decisions regarding their care. People were supported to maintain and develop their independence. Assessments were completed before people started receiving care to ensure their needs could be met and care plans were regularly reviewed.

People were supported to access their local community where this formed part of their care package. The service planned events to bring people together in a social environment. Any complaints were responded to promptly and people told us they would feel comfortable in raising concerns.

The service promoted a positive person-centred culture. People and staff told us they felt the service was well-led and provided the care and support they required. Quality assurance systems were embedded into the service and action taken where improvements were needed. The service worked alongside a range of health and social care professionals to ensure people received a holistic service.

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 24/07/2018 and this is the first inspection.

Follow up: We will continue to monitor 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.

Novus Care Limited - Woking

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

The inspection was carried out by two inspectors 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 visit because we needed to be sure the registered manager would be available to support the inspection. Inspection activity started on 16 July 2019 and ended on 17 July 2019. We visited the office location on 16 July 2019.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider

Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

As part of our inspection we spoke with four people who received care from Novus Care and five relatives. We also spoke with the registered manager, regional manager, provider and two staff members. We reviewed a range of documents about people's care and how the service was managed. We looked at six care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we spoke with an additional two staff members. We reviewed additional information requested from the provider including staff training records and further audit information.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. One person told us, "It is really strange, when I have changed carers (care agencies) in the past I don't wash as I am really nervous. But with Novus it has been positive as I felt instantly comfortable with them." One relative told us, "We feel very safe and happy with them."
- Staff had received training on safeguarding people from abuse and were aware of signs of concerns and reporting procedures. One staff member told us, "If there was an immediate threat I would call the emergency services. Otherwise if I had any concerns I would call the office straight away. I have all the numbers for safeguarding in my folder from our training."
- Records showed that where concerns had arisen these were addressed promptly and action taken to minimise risks to people. Relevant authorities were informed of concerns in an open and transparent manner.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk to people's safety were recorded and known to staff. Risk assessments identified risks to people's well-being and plans were in place regarding how to minimise these.
- Where people were at risk of developing pressure sores guidance was in place regarding how staff should support them by ensuring they were supported to reposition regularly and their skin closely monitored.
- Risk assessments were completed of people's home environment prior to them receiving care. This enabled the service to ensure that any referrals for additional equipment needed to keep people safe were made.
- Accidents and incident forms were completed and reviewed to ensure that lessons were learnt. Staff had reported concerns regarding the purchase and storage of food for one person. The registered manager and staff had worked with the local authority to arrange their calls differently to ensure they were able to do their shopping at more regular intervals to reduce the risks of eating unsafe food.
- A contingency plan had been developed to ensure that people would continue to receive a service in the event of unforeseen circumstances such as extreme weather conditions or power failure.

Staffing and recruitment

- There were sufficient staff to carry out all care calls. People told us they always received their planned visits and no calls had been missed. One person told us, "I get a schedule every week and they stay the correct time. Never missed arriving but if they are looking to be late I get a call before explaining what is happening."
- An electronic system was used to monitor if staff had arrived and left calls. This was monitored from the

time of the first call of the day until the last.

- Safe recruitment processes were in place. Checks were completed on prospective staff to ensure as far as possible they were suitable to support people. These included references and Disclosure and Barring Service (DBS) checks and obtaining references.

Using medicines safely

- People were supported to take their medicines safely. Medicines care plans were in place which detailed the support each person required to take their medicines.
- Staff received training in the administration of medicines and their competency was assessed prior to them providing support to people. Their practice was then observed during unannounced spot checks. One staff member told us, "With spot checks I am checking medication against MAR (medicines administration record), hygiene with gloves, making sure they know how to administer the medication, what would they do if there is a discrepancy with meds, filling out the MAR chart and care notes."
- Robust medicines audits were completed and where any issues were identified these were addressed with staff immediately.

Preventing and controlling infection

- Staff had received training in infection control practices. One staff member told us, "I always make sure I have a clean uniform. We get gloves and aprons from the office but I always wash my hands as well."
- Staff practice with regards to infection control was observed during spot checks in order to ensure they were following correct procedures.

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.

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

- People's needs were assessed prior to the agency providing their care. This helped to ensure their needs could be met safely and effectively. One relative told us, "Yes, they did (complete an assessment). They did so to make sure everything was going to be alright for him."
- Following assessment, the registered manager or senior staff would complete the first calls with people to gain any additional information and introduce staff.
- Information regarding any changes to guidance was provided to staff through regular newsletters. The provider's PIR stated, 'Good communication with the staff team will keep them well informed of service user's changing needs and of any changes in legislation which will ensure the safety and well-being of both the service user and staff.'

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and knowledge to provide their care. One person told us, "I don't see any problems (with the staff). If there is a new one there is always a "shadowing" in operation, which is good."
- New staff completed an induction into the service which included spending time shadowing more experienced staff members. One staff member told us, "I did three weeks of shadowing. It was a case of shadowing until I felt ready. It didn't feel rushed."
- Staff were provided with training relevant to their roles and this was regularly updated. This included the completion of the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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

- People who were supported with meal preparation told us this was done in line with their wishes. One person said, "Yes they prepare my meals three times a day. I specify what I want and how it is to be done."
- Where people required support to prepare food or to eat and drink this was recorded within their care plan. Staff told us they always left people with a drink, "Before I leave I always check what they want to drink. I wouldn't want anyone going without, especially in the hot weather."

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

- People were supported to access healthcare advice and support when required. One person told us, "My GP changed my medication recently and when I awoke in the morning my feet were swollen. My carer rang 111 who advised that it is one of the side effects, but it will pass and indeed it did and I was relieved. That

was good of the carer."

- Staff told us office staff acted quickly when they reported health concerns. One staff member told us, "I rang the on-call last week when one of my clients was unwell. They were there within minutes and went to the doctors to make sure they (person) were seen that day."
- Records showed information was shared with health and social care professionals in order to ensure people's care was tailored to their needs and solutions could be found to address any concerns.

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.

- People's care was provided in line with the MCA. People and their relatives confirmed that staff always asked for their consent before providing their care. One person told us, "They always ask before they do anything." One relative told us, "They always ask permission and always explain it to him."
- People had signed agreements to give their consent to receiving care from Novus Care Limited. Records showed that people's capacity to consent to their care had been considered. Where people lacked capacity to make specific decisions family members and where appropriate, other professionals, had been involved in the decision-making process. However, the way in which capacity assessments and best interests decisions were recorded did not always follow the elements of the MCA. Following the inspection, the registered manager forwarded an updated format which would be used going forward.

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 told us they were supported by staff who were kind and caring. One person told us, "The carers are very professional and friendly and so far have put me at ease." A second person said, "They are caring and do the things I ask and they are nice people." One relative told us, "They will talk to you and are jolly. If my brother is in a bad mood they try to calm him down, which is very good."
- People were supported by small teams of staff to enable positive relationships to develop. One relative told us the consistency of the carers was important and had enabled genuine relationships to develop. They told us, "I'll give them their dues, the girls (care staff) really love Mum." Staff told us they felt having consistency was important when providing people's care. One staff member told us, "You get to know them and their routines, how they like things done. It makes them feel more relaxed and less stressed."
- Staff demonstrated a compassionate and flexible approach when supporting people and their families. A staff member arrived for a call and found the person unwell and awaiting an ambulance. Although the person had a relative with them the staff member chose to stay and support the family as they were finding the situation stressful. On another occasion staff waited with one person at the hospital until the early hours of the morning as they were anxious about being left alone.

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

- People told us staff offered them choices and involved them in their care. One person told us, "It is their friendliness and their willingness to do as I ask that I like." One relative told us, "The thing is they treat my (family member) as any other person. They are very good at letting him make decisions, but they steer him in the right direction too. They are really like members of our family."
- Care plans and daily records were kept in each person's home for them to comment on and contribute to. One person told us, "They write in it (care file) every day and it contains my care plan. I am very familiar with it."
- As part of the assessment process people were asked if they would prefer to receive care from female or male staff. People and their relatives told us these choices were respected. One relative said, "We always have the girls come, otherwise I wouldn't allow it."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respected their privacy. One relative told us, "I sometimes hear Mum ask them to stand outside the door and they do."
- Staff demonstrated understanding of the importance of respecting people's homes and treating them with dignity. One staff member told us, "I always knock on the door and shout hello even if I'm using a keypad. I wouldn't touch anything that's not my concern. I'd make sure everything was private and use

towels to cover them up. I always chat a lot to make sure they feel comfortable and ask if they are happy with everything."

- Staff supported people to maintain their independence. One staff member told us, "I let them do whatever they can themselves, I don't want to be-little anybody. One person is independent in most things and I just step back and let them know I'm there if they want help with anything."
- One person required support due to their high levels of anxiety following a bereavement. Staff supported the person with practical tasks and emotional support. Over time the person had become more confident and the support was reduced until they had fully regained their independence. They had sent a thank you card to the service addressed to, 'All you nice ladies who helped me cope again'.

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.

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

- People told us that staff normally arrived on time and stayed for the full duration of the call. When staff were running late people confirmed they received a call from the office to inform them. One person told us, "They call and update me if there are any changes or they will be late."
- Care plans contained guidance for staff regarding the care people required and their preferences. Staff told us they felt care plans were easy to follow and contained the information they required. One staff member said, "There's always a care plan and risk assessments. It gives a breakdown of what to do and what's expected. I always read the care notes as well so I know if there's anything to look out for. Talking to them as well, I'd always ask them even if I know."
- People were supported by staff who knew them well. Staff we spoke with were able to tell us about people's needs, preferences, family, personalities and life history. One staff member told us "I love to chat and find out about them. You can always find something you've got in common."
- People's support was regularly reviewed and any changes in people's needs responded to. One person told us, "It (care plan) gets reviewed every couple of months." Records showed that where people's needs changed they were responded to quickly such as changes in the number or duration of visits.

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 and relatives told us the service communicated well and information was received in the way they had requested. One person told us, "They keep in touch by letters and telephone or a text, we don't have email." A second person told us, "They ask you what you would prefer. I get emails with the new rota but otherwise they call me direct."
- Communication plans were in place which highlighted people's communication preferences and any sensory loss. Although basic information was provided we found more detail would have been beneficial in guiding staff. During the inspection the registered manager adapted the care plan template to include a more detailed review of people's communication needs to be used going forward.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required people were supported to access the community and take part in activities they enjoyed. One person who was anxious about going out was supported to visit the local shops and buy milk. This had

been a big step for the person and had helped them in gaining confidence.

- Another person received regular support for the same staff to access leisure activities of their choice including eating out and visiting the gym. The persons relative told us, "The two staff know him very well and know how to deal with anything."
- The service organised social events for people, relatives and staff. A cupcake event to raise money for the Alzheimer's awareness had been held in the office. Staff had supported people to attend and ensured they returned home safely. The registered manager told us, "It was lovely to see everyone together. It was a real success."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns and felt confident these would be addressed. One person told us, "I would call the office. I did once ask for a particular staff member to be taken off my rota and it was done."
- The registered manager maintained a complaints log which was used to monitor any themes or concerns. Records showed that all complaints received had been investigated and responded to in line with the providers policy.
- A log of compliments was also maintained. Comments received reflected on the kindness of staff such as, '(Staff member) is very reassuring and carries all the tasks out very efficiently. Grandad is really happy with the carers, they are all lovely, it has made a huge difference to them and me.'

End of life care and support

- The service had received thank you cards and comments from relatives regarding the care people had received at the end of their life.
- The registered manager told us plans regarding the support people wanted at the end of their life was being developed. Although basic details such as where people wished to receive their care were in place, more personalised information would be beneficial. The registered manager provided a copy of the template developed to assess and record people's wishes and assured us this would be completed with people and their relatives.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they felt the service was managed well. One person said, "I don't think they could do anything better for us. They are fine as they are." A second person told us, "So far I am amazed. If it carries on as it is, it will change my perspective of care companies. I am impressed." One relative said, "We are very happy with the service we get. My son is very happy too and we wouldn't change anything."
- Staff told us they felt there was a positive culture within the service. One staff member said, "I would definitely recommend them because they always try to please the client. There's so many people and they know them all really well."
- Staff we spoke with were extremely positive about the service and were animated when speaking about the people they cared for.

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; Continuous learning and improving care

- The provider was clear on their responsibility to be open and transparent when things went wrong. Following concerns raised by one family the service had completed an initial investigation of events and ensured relevant agencies were informed. Contact had been made with other people who may have potentially been affected to inform them and apologies offered where required. One person told us, "They kept me informed and dealt with it swiftly."
- The registered manager and provider demonstrated a commitment to ensuring continuous development of the service through responding to concerns and ensuring they kept themselves informed of developments and best practice. The providers PIR stated, 'Having feedback from care workers and service users assists with understanding how well the service we are providing is well led. It allows us to understand where changes need to be made'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's care was consistent and person centred as the management team understood their responsibility for maintaining robust oversight of the service.
- The registered manager and deputy manager completed regular spot checks of the care being provided to people. This included observing staff communication, approach, skills, medicines management and record keeping. Feedback was provided to staff in order for them to address any areas of improvement.

- Audits were completed both by office staff and verified by senior managers within the organisation. Audits showed that where concerns were identified these were addressed. For example, it was identified that not all staff had completed the required training updates. This was addressed by the registered manager and significant improvements noted.
- The registered manager ensured notifications of significant events were submitted to the CQC in line with requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views of the service provided were regularly sought. Phone calls were made to people or their relatives every six weeks to ask their opinion of the care they received. Comments were largely positive and any concerns were addressed immediately by making changes to care plans.
- Surveys were sent to people, relatives and staff to gain their views of the service. This included checking that people felt fully involved and in control of their care. Comments received were largely positive and included, 'Would always recommend to anyone else' and 'We are very happy with the service provided'. As the surveys had only recently been completed the registered manager was in the process of collating comments to be included in the annual report.
- Staff reported they felt supported in their roles and were able to contribute to the running of the service. One staff member told us, "(Registered manager) gives me the reigns and trusts me to be able to do my job. We work as a team and she has made a point of going out and introducing herself to service users and staff. She is not afraid to put on her uniform." Another staff member told us, "They (senior staff) are always available for support and to listen. They pick up the phone straight away whatever time it is."
- The service had developed positive working relationships with a range of agencies in order to provide people with consistent and holistic care. Records showed evidence of the service working to develop plans and share ideas with a range of health and social care professionals.