

Novus Care Limited

Novus Care Limited - Godalming

Inspection report

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Tel: 01483351220

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11 September 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Novus Care Limited - Godalming is a domiciliary care agency which was supporting 27 people at the time of the inspection. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; 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:

People received their care from familiar staff who knew their needs well. People told us staff were kind and caring and treated them with respect. Relatives said staff encouraged their family members to make choices about their care and respected their decisions.

Staff supported people to be independent where this was important to them. Staff supported some people to attend appointments and to maintain their involvement in their community. People were involved in developing their care plans to ensure the support they received reflected their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported some people to remain active in their local community and to take part in activities they enjoyed.

People told us they felt safe when staff provided their care. They said staff followed any guidance in their care plans. Assessments had been carried out to identify any risks involved in people's care and staff had responded well if accidents or incidents occurred. Staff were recruited safely and understood their roles in protecting people from abuse.

We have made a recommendation about the management of medicines.

Staff were observant of any changes in people's health and highlighted these if necessary. The agency communicated effectively with healthcare professionals involved in people's care and supported some people to attend medical appointments.

Staff had access to appropriate training for their roles and management support when they needed it. Staff received regular one-to-one supervision, which enabled them to discuss their performance and training needs. Team meetings took place regularly and staff told us they were encouraged to speak up about any concerns they had.

People and their relatives had opportunities to give feedback about the agency through surveys, quality checks and reviews. The management team monitored the quality of care provided to people through regular spot checks.

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 18 September 2018 and this is the first inspection.

Why we inspected:

This was a planned inspection based on the date of registration.

Follow up:

We will continue to monitor intelligence 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Novus Care Limited - Godalming

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the site visit and one inspector made telephone calls to people for feedback.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

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.

Before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events,

such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

Inspection site visit activity started and ended on 11 September 2019. We visited the office location on this date to speak with the registered manager and to review records, policies and procedures.

We checked care records for three people, including their assessments, care plans and risk assessments. We looked at five staff files and records of staff training and supervision. We also checked the complaints record, quality monitoring checks, audits and satisfaction surveys.

We spoke with five people who used the service and three relatives by telephone to hear their views about the agency. We received feedback from six staff about the training and support they received to carry out their roles.

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 Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People who received support with their medicines told us staff managed this aspect of their care safely. This was confirmed by the relatives we spoke with, one of whom said, "[Family member] has his medicines [from staff] every morning without fail and they would remind me if they were running out."
- Staff received training and their competence was assessed before they supported people with medicines. We saw evidence that staff had acted to safeguard people when concerns about their medicines arose. For example, staff had reported an error made by a member of staff from another agency who had incorrectly applied a person's transdermal patch.
- However, we found that the agency needed to improve the way in which people's medicines were recorded. Medicines administration records (MARs) were kept in people's homes for staff to record the medicines they gave. Checks by the management team had identified that staff sometimes forgot to sign the MARs when they gave people their medicines. Despite reminders given at team meetings and through newsletters, this issue had not been resolved and MARs were not being completed consistently. This meant the agency could not be sure people were receiving their medicines safely. We also found that where staff applied topical medicines in the form of creams, this was not being recorded on a body map.

We recommend the provider consider current best practice guidance on the management of medicines in domiciliary care settings.

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

- People and their relatives told us staff provided safe care. They said staff followed the guidance in people's care plans. One person told us, "I feel I am in good hands." A relative said, "I feel [family member] is safe, [staff] are confident in what they are doing."
- Risk assessments had been carried out to identify and mitigate any potential hazards involved in people's care. If risks were identified, guidance had been put in place for staff about how to provide care in a safe way.
- Accidents and incidents were recorded and reviewed. Staff had responded well to keep people safe if they had accidents. For example, one member of staff called an ambulance for a person who they found on the floor when they arrived. The member of staff stayed with the person until paramedics arrived. Staff also reported any concerns they identified with people's well-being. For example, one member of staff reported bruising they had observed when providing a person's care.
- The agency had a business continuity plan to ensure that people would receive their care in the event of

an emergency, such as severe weather conditions. The plan prioritised the delivery of care to people who would be most at risk if they did not receive it.

Staffing and recruitment

- People told us their care workers usually arrived on time and always stayed for the full scheduled visit time. One person said, "They have only ever been a couple of minutes late and they always stay the full length of time." Another person told us, "I get the list [rota] and they come at the time the list says. They are very seldom late."
- People told us they could rely on the agency and none of the people we spoke with had experienced missed calls. There had been no missed calls since the agency opened until the week before our inspection. However, two care calls had been missed in the week before our inspection while the registered manager was on leave. There was no impact on the people whose calls were missed as they were not receiving care that was critical to their health or well-being. The registered manager had taken action to investigate how the error occurred and to ensure it was addressed. This included improving communication amongst the office team regarding the allocation and monitoring of call completion.
- The registered manager said staffing capacity and skills were considered before new packages of care were agreed. The provider information return stated, 'We look at the care staff we have and whether they have the skill set to carry out the visits.'
- The provider operated safe recruitment procedures. Prospective staff had to submit an application form and attend a face-to-face interview. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and attended regular refreshers. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. One member of staff told us, "I know what I would have to do if I had any concerns within my job. I haven't had to do this but will always speak to my line manager or manager if there is something I'm not sure about." Another member of staff said, "I have never had to report any safeguarding or abuse issues but I do know how to do this."

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped keep their homes clean and tidy. One person said, "They treat my house with respect and tidy up after themselves." Staff had access to personal protective equipment, including gloves and aprons, and the registered manager said staff also wore shoe covers if people wished them to. Staff received training in infection control in their induction and regular refreshers.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law

- People and their relatives told us staff were competent and had the skills they needed to provide people's care. One person said of staff, "I would say they are well trained. They all know what they are doing."
- Staff had an induction when they joined the agency which included mandatory training and shadowing colleagues. One member of staff said, "I had an induction before starting my job. I think it prepared me very well." Another member of staff told us, "[The induction] was very useful and I learnt about Novus Care's policies and procedures." A third member of staff said, "The shadowing was the most useful part of training."
- Staff had access to the training they needed to provide people's care. Records showed that staff were trained in areas including duty of care, food hygiene, health and safety, infection control, moving and handling and privacy and dignity.
- Staff received regular one-to-one supervision, which provided opportunities to discuss their performance and training needs. Spot checks were carried out regularly by the management team to ensure that staff were providing care safely and effectively.

Assessing people's needs and choices

- People's needs had been assessed before the agency provided their care. The provider information return stated, 'We carry out an initial assessment with the service user and their family/friends. We gather as much information as possible about our customer so we can detail the care plan to their needs ensuring that their care plan is personal centred and the care is carried out in the way the service user wants it to be.' People and their relatives confirmed that they had been involved in their assessments. They said they had been encouraged to express their preferences about their care.

Supporting people to live healthier lives, access healthcare services and support

Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. One person we spoke with said, "[Care worker] contacted the doctor for me today." Staff supported some people to attend medical appointments.
- Relatives told us staff were observant of any changes in their family member's health. One relative said, "One of the carers noticed a lump on the back of [family member's] leg which is under investigation now. I wouldn't have noticed it or known anything about it."
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs or district nurses, and discussed with people's families. We saw evidence of this in people's care

plans.

- Relatives said the agency communicated well with other healthcare professionals to ensure their family members received the care they needed. One relative told us the agency had worked closely with a specialist healthcare provider to provide their family member's care.

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

- People's needs in relation to nutrition and hydration had been assessed and recorded in their care plans. If people were identified as at risk of failing to have adequate nutrition or hydration, staff maintained records of people's dietary and fluid intake.
- People who received support with their meals told us staff knew their preferences about the food they ate and respected their choices. One person said, "My daughter puts nourishing meals in the freezer and I choose one that the carers heat up. They are expert at making tea and coffee." Another person told us, "I choose my breakfast, although they know what I like. I usually have scrambled eggs and toast. They come in the evening too to do my supper."

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. We checked whether the service was working within the principles of the MCA.

- People's care was provided in line with the MCA. People recorded their consent to their care plans before these were agreed. Staff attended training in the MCA and people said staff asked them for their consent on a day-to-day basis.
- The provider information return stated, 'We ensure that we assess how best to support the service user with making decisions if there is a capacity issue. We detail how best to support them in making decisions, all the time promoting independence.' We found evidence to support this. Care plans recorded the support people needed to make decisions in areas including medicines, healthcare and finances.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's care was provided by consistent staff who understood their needs. People told us they received their care from a small team of staff, which was important to them. One person said, "Most of them have been coming quite a while. They are all good, I am very happy with the care."
- People told us staff were kind and caring. One person said of staff, "They are very friendly, they can't do enough for me." Another person told us, "They go out of their way to ask if there's anything else they can do for me."
- Relatives provided positive feedback about the staff who visited their family members. They told us that staff understood their family member's needs well. One relative said of staff, "We have a core of four or five who visit. They have a good understanding of her needs. They listen to her and respond to how she looks."
- People had established positive relationships with their care workers and enjoyed their visits. One person told us, "I have a very good relationship with them, my two lovely girls. I am looked after so well." Another person said of the staff who visited them, "They are lovely, they really are. They will always have a chat with me."
- Relatives told us the agency had also provided valuable support to people's families. One relative said, "They were brilliant at explaining what was going to happen and how I might feel. They have been very good at supporting me and the family."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us that staff maintained their dignity and respected their decisions about their care. One person said of staff, "They know how I like things to be done and they respect that." Relatives told us staff treated their family members with dignity and respect. One relative said, "They are very respectful with her personal care; they are very good like that."
- People were able to express their religious and spiritual beliefs. The registered manager told us an individualised care plan would be developed if people needed support to practice their religion.
- We asked staff what they understood the agency's values to be. Staff responses focused on providing care that respected people's rights and supported their independence. Responses from staff included, "Enabling independent living, respecting beliefs and values of our clients and their families" and, "Encouragement, support, trust, dignity, respect."
- People confirmed that staff encouraged them to manage aspects of their own care where possible. One person said they liked to manage as much of their own care as they could but their ability to do so varied from day-to-day. The person told us that staff provided their care in a flexible way, adapting the support they

provided at each visit. Another person said staff supported them with shopping and meal preparation as they wished to continue doing this themselves. The person told us, "I go out shopping with the carers. I usually make up a list the day before."

- Relatives said the support staff provided had enabled their family members to remain living at home, which was important to them. One relative told us, "They have been absolutely brilliant, I couldn't fault them. We would not have been able to keep [family member] in his home as long as we have without them."

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Care was planned to meet people's individual needs. People and their relatives confirmed they had been involved in developing their care plans. One person told us, "We went through the care plan together to make sure I was happy with it."
- Care plans recorded people's preferences about their support and provided guidance for staff about how people's care. Care plans also contained information about people's lives, including their family, education, employment and interests. This enabled staff to engage with people about their interests and personal history.
- People's care plans were reviewed regularly to ensure they continued to reflect their needs. One relative told us the agency had adapted the care provided as their family member's needs had changed. The relative told us, "We needed to increase [family member's] care and they were able to accommodate that. It was them that galvanised us to do something as they were worried about him being alone during the night."
- Staff supported people to remain active in their local community where this was important to them and to live their lives as they chose. For example, staff accompanied some people when they did their shopping and one person was supported to visit the hairdresser. The registered manager told us staff provided flexible support according to people's wishes at each visit. For example, staff sometimes accompanied one person to visit a garden centre and have coffee.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the time of their initial assessment. Where needs had been identified, care plans had been developed setting out the support people needed to communicate effectively.
- People told us they were able to obtain any information they needed about the service in a way that was accessible to them.
- The PIR stated the agency would ensure that staff who had communication needs were supported with their learning and development.

End of life care and support

- Where end-of-life care was provided, the agency worked effectively with healthcare care specialists and

families to ensure people's needs were met. People's wishes about their end-of-life care were known and respected by staff.

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed and action complainants could take if they were dissatisfied with the agency's response. This was given to people and their families when they began to use the service. None of the people we spoke with had complained but all said they would feel confident to do so. One person told us, "I have never had to complain but I would certainly talk to someone if I wasn't happy." Another person said, "I've never had a reason to complain but I would speak to [care co-ordinator] or [registered manager], they are quite approachable."
- The agency had received one formal complaint since its registration. Records confirmed that this had been appropriately investigated and responded to by the registered manager. No complaints had been made about the agency to the CQC.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The agency's management team comprised the registered manager and two care co-ordinators, supported by a regional manager. The management team maintained an effective oversight of the service, which included regular quality checks and audits.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- People and their relatives told us the agency was well run and communicated with them well. People said they could always access the information they when they contacted the agency's office.

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

- People and their relatives had opportunities to give feedback about the care they received. People told us the management team contacted them regularly to check they were happy with their care. They said any changes they requested had been implemented by the agency.
- The provider had distributed surveys which asked for people's views about all aspects of their care and support. The results of the surveys were very positive, including about the punctuality, friendliness and consistency of staff.
- If people had highlighted areas for improvement, the provider had taken action to address them. For example, 28% of respondents said they did not know how to register a complaint. In response, the agency had reminded people how to access the complaints procedure and included a copy of the procedure in each person's care file in their home.
- Surveys had also been distributed to staff in March 2019. Staff provided positive feedback, about the training and support they received and the effectiveness of communication from the office.
- Staff told us they received good support from the management team. They said they had access to advice and support when they needed it. One member of staff told us, "I feel I am supported well by our office staff and management. They are always on the other end of the phone to speak to or one-to-one in the office." Another member of staff said, "The managers are very approachable, always happy to listen and advise."

Continuous learning and improving care; Working in partnership with others

- The agency had established effective working relationships with other professionals involved in people's

care, including local authorities, GPs and district nurses.

- Team meetings were held regularly and were used to discuss working practices and any issues relating to people's care. Staff told us they were encouraged to contribute to team meetings and to raise any concerns they had. One member of staff said, "We are able to speak up and the manager does listen and encourages it." Another member of staff told us, "The management will listen to any concerns and act upon them if needed."
- The registered manager attended meetings with managers of the provider's other registered care services to share ideas, information and operational updates. The agency had access to information from relevant bodies, such as Skills for Care and the UK Home Care Association (UKHCA), to keep up-to-date with good practice and developments in the care sector.