

Novus Care Limited

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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

The inspection of Novus Care Limited was undertaken on 7 September 2016 and was announced. We gave 24 hours' notice of the inspection to ensure the registered manager and other senior staff were available at their office to talk with us.

This was the first inspection of the service since it registered with the Care Quality Commission on 30 July 2014.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new branch manager had been appointed and they were about to commence the application process to become registered with CQC.

People using the service told us they were treated in a respectful and caring manner by regular staff members who knew them well and supported them safely and effectively. They said they would recommend Novus Care Limited to other people.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. Staff we spoke with were confident that they provided a good service to people. They had access to supervision and were given regular opportunities to discuss their performance with the management team. The staff said they felt supported by the service.

Staff understood how to help protect people from the risk of abuse. The agency had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their environment.

Medicines were administered in a safe way. Staff received training and a competency framework was in place to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to inform the care plan for each person. New care plans were being introduced that were more individualised reflecting the person and what was important to them. The service kept people's needs under review and made changes as required.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for

people to follow if they wanted to raise any issues.

The service was well led. The agency monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team approachable and responsive.

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.

Any risks to people's safety and welfare were being identified and managed appropriately. Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

People were supported to take their medicines safely.

There were appropriate numbers of care staff allocated to meet the needs of people who used the service. Robust recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People we spoke with were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the managers.

Is the service well-led?

Good 

The service was well-led.

There was an experienced registered manager in post. A new branch manager had been appointed for the service.

The service carried out regular audits to monitor the quality of the service and drive improvement.

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The announced inspection was carried out by one inspector and took place on 7 September 2016.

We spoke with a range of people about this service either in person or by telephone following our visit. They included the service director, registered manager, branch manager, three staff members, six people who used the service and three relatives.

We also spent time looking at records. We checked care documents in relation to four people who received care and support and four staff files. We reviewed records about staff training and support, as well as those related to the management and quality of the service.

Following the visit we received feedback from one external professional who had been involved with the service.

Is the service safe?

Our findings

People using the service told us they felt safe and were supported by a familiar group of staff who knew their needs well. One person said, "I could have any of them, they're all perfectly good." Another person told us, "I do know them all; they let me know if someone different is coming." A third person told us, "I have several people who come regularly."

People using the service told us that staff were kind and treated them well. One person said, "They are very nice people, they will do anything for you." Another person told us, "They treat me nicely, very nicely." Staff received safeguarding training and had a good understanding of how to help protect people from abuse. Safeguarding and whistleblowing policies also gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace.

Assessments were completed to identify and manage any potential risks to people using the service and staff. Before the service commenced, a senior staff member would visit the person in their home to undertake a risk assessment. The assessment looked at areas such as the person's general health, their independence with daily living tasks, any risk of falls, support needed with medicines and the safety and security of their home. If the person required support with their mobility then moving and handling assessments were also carried out.

We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, people who had restricted mobility received care and support from two staff. People and their relatives told us there were enough staff to support them safely and said that they were supported by a consistent group of staff which meant that they were able to get to know them well.

We saw there were suitable systems for the safe management of people's medicines. Staff took pictures of prescription records and labels which the service kept on file so they were always aware of the medicines people were being supported to take. Administration records were completed by staff and these were checked regularly by the office based staff to make sure they were being completed correctly. Staff received training to help ensure their competency including practical exercises in completing medicines administration records correctly and a multiple choice test. Staff files also included written confirmation that they had received the medicines procedure for reference. Spot checks were being carried out by the branch manager to look at staff practice around medicines administration and these were on-going at the time of our inspection.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for four members of staff. Completed application forms included information about their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references and proof of identity documentation. Staff completed a pre-interview questionnaire when they

attended the office and their interview was also documented.

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required and we observed individual staff members calling in to the office to collect equipment. Staff received training in infection control and completed competency assessments about the use of personal protective equipment.

Is the service effective?

Our findings

People who used the service told us that they thought the staff who provided their care and support were trained and competent. One person told us, "We think they are excellent, very nice people." Another person said, "I don't think they could do any more for me." A third person commented, "They will do anything for you."

Staff received induction and mandatory training to help them do their jobs effectively. New induction procedures were being introduced to make sure that staff achieved the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New members of staff received three days of classroom training and then shadowed existing staff until they were signed off as being able to work alone.

We saw records of each staff members induction were kept on file along with individual certificates of training. The training provided was both electronic and classroom based addressing areas such as moving and handling, safeguarding, infection control, medicines and food hygiene. Competency assessments were completed by staff when they completed their training. More specialist training was also provided for areas such as dementia and the Mental Capacity Act. A new classroom area for training was being set up at the office with a hoist already purchased for practical sessions with staff.

Staff received regular supervision to support them in their roles. Supervision was a planned quarterly one-to-one support meeting between each individual and a senior member of staff to review their work role, current responsibilities and development needs. Staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the office and management team.

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.

Staff understood the requirements of the MCA in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff said they would always ask people for their consent before providing support. One person using the service said, "They always ask what I want them to do, they say is there anything else we can do." Another person said, "They offer to do my cleaning, they always ask what they can do."

People were supported to maintain their health and wellbeing. The branch manager told us how they worked with district nurses and people's GPs to make sure people's health was maintained. Records showed that staff were provided with information about people's health needs so they could monitor these effectively. Staff told us that they would report any concerns with people's health or behaviour.

Is the service caring?

Our findings

People using the service spoke positively about the care they received. They told us that staff were polite, kind and caring. One person said, "They're a good bunch, very good overall." Another person commented, "They are always polite, always very helpful." A third person told us, "We have a good laugh, they will have a chat with me, they don't rush off." Comments in surveys received from people using the service in 2016 included, "Always very kind" and "always understanding, always efficient and caring."

A relative of one person said, "We are quite happy with the service, they are all ok." Another relative commented, "They are very nice, very friendly." An external professional told us that the branch manager and her staff demonstrated a caring attitude and was always willing to help.

Staff told us how they promoted people's choices and worked to uphold people's dignity. They spoke with kindness and respect when speaking about the people they supported. People using the service were consistent in saying that staff were always polite and respectful to them.

Examples were shared as to how staff respected people's privacy, for example, by knocking on people's doors before they entered their homes. The care plans described how people should be supported so that their privacy and dignity was upheld. One care plan emphasised the need for staff to knock and call out before they entered the person's home.

New care plan formats were being introduced that reflected people's preferences and were more personalised to them as individuals, detailing how they would like their care and support to be delivered. We saw that the plans were developed with people and their relatives where necessary.

A staff member explained the service always gave them information about people when they first started calling on them. They said they always spoke with the senior staff and read the care plan before starting to support people who were new to them. They said they would always talk to the person to make sure they were happy with what they were doing.

We noted that the staff in the office and the branch manager knew many people well and were able to talk about their individual support needs. They shared examples where they had advocated on people's behalf with other professionals to help ensure the person's wellbeing. This included securing additional funding for one person to promote their wellbeing through social engagement and interaction.

People were given information about the service which was kept at their home. This included information about how to contact the agency in and out of normal office hours. The people we spoke with knew how to contact the agency and were confident any issues would be resolved promptly.

Is the service responsive?

Our findings

People using the service told us that staff provided them with the care and support they required. One person said, "They're fantastic." Another person said, "They listen to us, they are very friendly."

One relative said, "When they come, they listen to me and get to know what we want." Another relative said, "They do respond to you, if they can do it, they will do it."

A staff member gave us an example of how the service responded when they required support out of normal office hours. They said that a senior staff member had responded to them quickly and had come out to support them to make sure the person using the service received the care they required.

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by senior staff and those provided by commissioners if available. An external professional told us that assessments were completed and care and support was provided to people in a timely manner.

The plans were then agreed and signed by the person using the service or their representative. A copy of the care plan was kept in the person's homes for reference and another in the agency office. The plans we looked at provided staff with information about people's needs and the tasks they were expected to carry out. One staff told us that they always contacted the office when they were visiting someone new to the service and would also consult the care plan kept at their home.

Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

New care plan formats were being introduced for people using the service. These were much more individualised and 'person centred' giving more detailed information about the person and how they liked to be supported. For example, about their likes and dislikes, their past and the important things they wanted staff to be aware of.

Novus Care Limited worked as an approved provider in one local authority area which meant that they worked in partnership with them to make sure people's needs continued to be met. Protocols were also in place to liaise with day centres and for any other healthcare partners such as the district nursing service. Records seen for people using the service contained records of email and other correspondence providing an audit trail for decisions made.

People using the service were provided with information about how to make a complaint about the service should they need to. People and their relatives said that they felt able to raise any issues with the branch manager or the office staff. One person said, "I would contact the office but I've not had any problems." Another person said, "I do phone the office, yes they sort it out." We saw records were kept of any complaints with none having been received in 2016. A person using the service gave an example where

action had been taken in response to some issues they had raised saying, "They have been very good on that." An external professional told us that no concerns or complaints had been raised from the people they were involved with.

Is the service well-led?

Our findings

A new branch manager had been appointed and they were about to commence the application process to become registered with CQC. The current registered manager was also present who held responsibility for another branch office run by the same provider. There was a staffing structure in place which provided clear lines of accountability and responsibility. Senior staff had designated responsibilities including working out in the field delivering care and supporting staff as necessary.

People using the service said they were happy with the service provided and how it was managed. All of the people and relatives we spoke to said they would recommend the service to others. One person said, "They listen to you, they tell you what is happening." Another person commented, "I phone them and they sort it, I would definitely recommend it."

Staff told us that they found the branch manager and other office based staff to be approachable and supportive. One staff member said, "I know the support is there." Another staff member told us, "It's a really high quality of care; it has improved with the change in management team." A third staff member commented, "I'd recommend them, they are a good company to work for." The staff members spoken with said they had no concerns about the service being provided.

An external professional told us that there had been 'a vast improvement' in communication and support from Novus Care under the current management team. They told us the office staff were always friendly, helpful and responsive.

There were systems in place to help make sure of the quality of the care and support provided to people on an on-going basis. These included regular spot checks carried out at the person's home, telephone monitoring and surveys sent out to each person using the service. Spot check forms seen recorded the times of calls, staff appearance and demeanour along with their standard of record keeping.

An annual quality assurance exercise had been carried out in July 2016 recording 14 responses to surveys to date. People had responded positively to a number of questions around their care, staff approach and the responsiveness of the service. The registered manager told us they would be producing a summary and action plan for the service and showed us an example from another branch office.

Team meetings were held regularly with minutes recording updates provided to staff, reminders for staff to communicate with the office if there were any issues or if they were running late. Staff were encouraged to complete a comments form at the end of each meeting where they could feedback on what they thought was working well and anything that could be improved. Recent staff feedback included positive feedback about the branch manager and office staff, the support and training provided.

The service mainly provided care and support to people living within the local community. The branch manager gave us examples of how they worked positively with other local services to promote the wellbeing of people using the service. For example, joint working with a day centre to develop initiatives to help reduce

social isolation for people.