

New Venture Care Ltd

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Inspection report

6 Pilgrims Close
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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

New Venture Care Ltd is a domiciliary care service providing personal care and support for people in their own homes. The service provides support to older people and younger adults with a range of needs including dementia, physical disabilities and sensory impairments and people who need end of life care. At the time of the inspection, there were 21 people using the service.

People's experience of using this service and what we found

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care. One person said, "The staff are great. They are the best of the lot. They couldn't be more helpful. These are marvellous."

People were protected from avoidable harm and abuse. Safeguarding policies and procedures were in place and consistently followed. Staff had recognised signs of abuse and had recorded and reported their concerns.

People told us they were happy with the care they received, and staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration they expected. Staff supported people to have their prescribed medicines safely.

People were supported to ensure their healthcare needs were met. People were encouraged to live healthy lives and received food of their choice. 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 received care that was tailored to meet their needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. Staff had training and experience to provide end of life support when people needed it.

The registered manager and deputy manager were well regarded. There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback.

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 29 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

New Venture Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 28 February 2023 and ended on 2 March 2023. We visited the location's office on 28 February 2023.

What we did 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 annually with key information about their service, what they do well, and

improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 4 people and 4 relatives by telephone about the service they were receiving. We spoke with 3 home care support workers by telephone, 1 of whom was also a team leader. We spoke with the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records that included 6 people's care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff recruitment and training records. We contacted 2 professionals to obtain feedback about working with the service.

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 of 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 were protected from the risk of abuse.
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff understood processes for reporting these concerns.
- Staff had a clear understanding of the different types of abuse. One carer said, "I've had safeguarding training. My clients I see them every day, so looking out for marks on their bodies. They like to do their own thing so if they are low in mood. It's a tell-tale sign."
- People and their family members told us that they felt safe with the support of their carers. One relative said, "Oh yes she does feel safe with them. I'm always close. They are all very good with her."

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe with their carers support. One person said, "I wouldn't be able to do anything without them."
- Risks to people had been identified and assessed. Care plans had the information staff needed to manage these risks safely. Staff told us changes in people's support were updated promptly to the electronic application they used.
- Risks associated with people's health needs had been assessed. For example, guidance was in place to minimise risks for people who required support in areas such as their mobility, catheter care, epilepsy and diabetes. One person said, "I'm diabetic so I need to have my morning food by a certain time. They get here to do that." One professional said, "I found them to be proactive in reporting that a hoist their carers were using with a customer was not up to date with the servicing. They correctly reported this to the occupational therapy service. They were concerned about customer safety and the health of their carers."
- Staff knew people well and told us how some risks were managed. For example, one staff member described ensuring a person's home environment was kept as clear as possible to minimise risks associated with their mobility. Another staff member described how they ensured people ate their prepared food in the correct position in order to minimise any risk of choking.

Staffing and recruitment

- There were enough suitable staff to provide care to people. People told us they received a reliable service where calls were usually at the times they wanted and where staff did not rush them.
- People told us they received regular carers during the week although there were sometimes different carers at the weekends. One person said, "Yes I get the same carers Monday to Friday for both my daily calls." Other comments included, "I get regular ones most of the time." And, "There is a little group of carers who always come."

- Staff told us there were enough carers to cover people's visits and that they received time to travel between calls. One carer said, "The rota is more realistic. There are no clashes and you get enough time, sometimes you get there a bit earlier to get ready and not be in a rush. Mistakes can happen if you are in a rush." Another carer said, "The rota works well. I do single calls. It works perfectly. They are flexible with my time."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines.
- People told us staff supported them to have their prescribed medicines when they needed them through direct administration or prompting them to do this independently. One person said, "They always check that I have the right pills out." Another person said, "They always ask if I've taken my tablets."
- Staff recorded the administration of people's medicines on a secure electronic application. Management ensured people's medicines were updated when needed and staff told us information about people's medicines was clear and accurate.
- Some people were prescribed 'as and when needed' or PRN medicines. There were clear protocols in place for staff to follow when PRN medicines were needed.

Preventing and controlling infection

- People told us they felt safe because staff ensured they prevented and controlled infection in their homes. Staff had received training on infection control and had access to the personal protective equipment (PPE) they needed.
- People and their relatives said carers consistently wore appropriate PPE when supporting them. One relative said, "Yes they do wear them, very much so. They always change and use new gloves." Another person said, "Every time they put on new gloves and masks."
- The provider's policy followed national guidance for the prevention and control of infection.

Learning lessons when things go wrong

- The registered manager had a system for recording and monitoring incidents and accidents. Staff understood their responsibilities for raising any concerns and reporting incidents and near misses.
- Records showed incidents were reported appropriately. The registered manager received alerts when incidents were submitted, and these were reviewed and responded to promptly.
- The registered manager regularly reviewed incidents to identify any trends that emerged.

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

- Peoples' needs, and choices, were assessed in a holistic way to take account of people's diverse needs and preferences.
- The management of the service met with people before setting up their care package to ensure they could effectively meet their needs.
- Current evidence-based assessments were used to assess people's needs. For example, a Waterlow assessment was undertaken for some people. This is a tool used to calculate the risk of a person developing pressure ulcers or sores. One relative said, "They are very understanding of (person's) needs."

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to provide effective care.
- The provider ensured each new carer completed the Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had received a good induction and training that provided them with the skills to do their job. One carer said, "It was really helpful, their training package is very good. It gives you realistic scenarios." Another carer told us, "Most courses are online but some we had to do face to face. I have no complaints over my training."
- New staff completed a period of shadowing more experienced carers prior to working in the community independently. Feedback was generally positive from staff and people and relatives. One relative said, "There have been several younger new carers on training who came to shadow and being trained. They come out with a skilled carer and learn on the job. They have subsequently come to support (the persons loved one) on several occasions." One relative said, "The experienced ones are very, very good."

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

- Some people needed support with preparation of food and drink and staff supported them effectively with this.
- People were happy with the support they received. One person said, "They always ask me what I want to drink and eat. I get options." Another person said, "They make my porridge in the morning and that's excellent."
- Where people had been assessed as being at risk of malnutrition or dehydration, staff were aware of the need to provide additional support or monitoring. Food and fluid charts were in place for those people whose dietary intake needed to be monitored.

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 by staff to access health care services if they needed to.
- People had hospital passports in place should they need to access health services in an emergency. A hospital passport provides important information about people's care and communications needs, including personal details, the type of medication they are taking, and any pre-existing health conditions.
- Staff had made timely and appropriate referrals to health professionals when people required additional support.
- Staff described working collaboratively with other agencies. For example, one person required support with their catheter care. The service coordinated care calls with district nurses visits so the person received effectively and timely support. Another person required the use of a mini lift to support them with their mobility. Occupational therapists provided training to staff on how to use this equipment.

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 MCA 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 and their relatives told us staff sought consent before providing care. One person said, "They always ask me for permission and ask what I want."
- Staff received training on the Mental Capacity Act and understood their responsibilities regarding MCA, and the importance of people being involved and making their own decisions.
- People were supported in accordance with the MCA. People's capacity was assessed on whether they could consent to specific decisions and tasks being undertaken.

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 and their relatives were consistently positive about the caring attitude and approach of staff. One person said, "They are very kind and helpful. They are cheerful which is the main thing." One relative said, "They have this ability to respond in a caring way."
- Staff knew and respected the people they cared for, including their preferences, personal histories, backgrounds and diverse needs. For example, one person received consistent time specific calls so they could be prepared for a regular religious service they attended. One carer said, "I try to make sure I remember birthdays and what they are about. We had a client last year when we bought them flowers and they were so happy. It shows that you care."
- Staff spoke about the people they were caring for with compassion and respect. One carer said, "I like to take my time and get people involved in what we are doing. Having a chat shows that you care. Getting into conversation with people." Another carer said, "One regular gentleman I support. I've connected with him as he's young and formed a friendship where I can put a pizza in for him and play games together. During the first days he wasn't open, but now he's cracking jokes and we have that bond."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Yes they do treat me well. They couldn't be better." One relative said, "My wife gets on well with them all. It's taking a lot of stress from me. They are very good with her."
- People were consistently supported to remain as independent as possible. One relative said of their loved one, "They encourage her to do things and usually with laughter and fun."
- One carer told us they had felt proud of a positive impact they'd had in encouraging one person to access the community again following a sudden deterioration in their health. The staff member knew that the person had loved to walk around the neighbourhood and began to incorporate this back into their support. The carer said, "He's not really had an opportunity to talk and needed support with the wheelchair. I've started implementing this on his lunch calls with social activities like going for a little walk around his neighbourhood which he used to like to do. He wanted it to be part of his care plan. It made a positive impact. The family even said there was a change in wellbeing."

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

- People and their relatives were involved in planning their care and support. One relative said, "They came and did the appraisal and sat with us getting the background of us as a couple, what we were looking for, what we thought we needed. She understood everything and formulated the care plan."
- Staff explained how they supported people to be involved with their care. One carer said, "It's about

involving them in everything. I usually speak with family members as well. We like to get everyone involved in their care."

- People preferences and views were at the forefront of their care planning. For example, some people preferred for their personal care calls to be delivered by carers of the same gender and this was facilitated by the service.

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 were receiving a personalised service that was responsive to their needs.
- Care plans were detailed and provided personalised information for staff on how people's needs, choices and preferences could be met. Regular reviews had ensured information was kept up to date, identified changes in people's needs and reflected the care that was provided.
- People received a responsive service. One person said, "They come at the time that the time I want them to. They fit in with me perfectly. They always do everything I ask them to." Another person said, "I'm very happy with what they do, and they do everything they are supposed to."
- Technology was used effectively to provide a responsive service. Carers used a secure electronic application to view people's care needs and records. Staff told us, and our observations confirmed, the system was efficient and updated promptly with any changes in care needs. One carer said, "It's easy to use and quite informative. Things can change every day, but we can easily read logs that have been done the day before, so you can see what has been done. The clear information stops you from having to ask the client lots of questions. Notifications are on the client's name and it informs you if any changes have been made."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider has assessed and considered people's communication and sensory needs. Staff knew people well and supported them with those needs.
- People had communication plans in place which guided staff on how they wished to be supported. For example, one person used a communication folder to inform staff of their choices and decisions. Guidance was clear on how staff should seek people's wishes and consent if they had communication difficulties. One carer said, "I will give options for some people who aren't able to communicate properly. Giving them gestures and signing."
- When people had sensory needs, staff supported them. For example, if people required reading glasses, guidance was in place for staff to ensure these were easily accessible to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and the registered manager used complaints to improve the quality of care. For example, changes were made following one complaint so that a relative could be involved in the monitoring of their loved one's nutritional intake.
- People and their relatives told us they would feel comfortable raising any issues and were confident that these would be dealt with appropriately. One person said, "I'm very sure that If I had a complaint that it would be dealt with." One relative said, "I would certainly raise an issue and complaint if I wasn't satisfied."
- The registered manager told us they addressed issues quickly and recorded them formally so a review of each issue could be completed. Spot checks were sometimes used to review support following the receipt of a complaint.

End of life care and support

- People were supported to have dignity, comfort and respect at the end of their life.
- People's wishes and requests were assessed and recorded for staff to follow if needed.
- Staff had completed end of life training and understood the need to respect these wishes and carry out end of life support. One carer said, "With end of life, we pay particular attention about how they want to be cared for and the wishes and requests they'd given. We are also aware of any do not resuscitate wishes."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager ensured systems were in place to make sure care and support was of good quality and to drive improvements. Regular audits and spot checks were completed to monitor the quality of the service.
- Systems for identifying, managing and monitoring risks were in place and regularly reviewed. Management were able to update staff on changes and developments in people's support through the electronic care application used. Carers were alerted to changes prior to them supporting people. One carer said, "If I've had leave, I always get a briefing if anything's changed in the time I've been away."
- The registered manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.

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

- People, their relatives and staff were consistent in their views that the service was managed well. One person said, "I think the office runs well."
- Staff told us the management was open and supportive and they were able to express their views. One carer said, "Yes, definitely supported. They are people who I can talk to very openly. We all work as a team and are more like a family. We are able to share jokes but also be serious. I get the support I need. If I'm in doubt for anything, there's always someone there to give me advice."
- Staff worked well together, supported by good communications through management and the electronic care system.
- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Feedback was mostly positive about the engagement of management and the office. People and their

relatives spoke positively of the organisation and delivery of their care. Some comments were received that the visibility and contact from the registered manager could be better but stated that the office was always responsive to questions and requests. We fed this back to the provider. One person said, "Office they keep me informed no problem there. The carers will also tell me if a different carer is coming."

- Staff were consistent in their views that the management was inclusive and supportive to them. One carer said, "They like to hear what they can do to make your job easier. The (management) is always there to support. If you have an issue, she responds to it quite quickly. She goes out of her way. Their reaction to things is more than I expect sometimes."
- Staff had developed effective working relationships with other agencies. Records showed regular involvement with a range of services including occupational therapists, GPs and local authority teams. One professional said, "In their responsiveness to emails and phone calls they have been very quick to provide feedback and information."