

Novus Care Limited

# Novus Care Limited - Reading

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Novus Care Limited is a home care service providing personal and nursing care to 30 people aged 65 and over, living in their own homes.

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

Medicines were not always managed safely. Staff were not always following the provider's policies or national guidance. People's care plans did not always have information about people's prescribed medicines. Medicines risk assessments contained contradictory information.

We found a breach of regulation with respect to this.

Service management and leadership was inconsistent. Systems and processes to monitor and improve quality and safety in the service were not always effective.

We found a breach of regulation with respect to this.

People were protected from the risk of harm and abuse. There were enough suitably skilled and qualified staff to support people and meet their needs.

People were supported by skilled staff with the right knowledge and training.

Staff had developed caring bonds with people and upheld their privacy, dignity and independence.

People's care and support met their needs and reflected their preferences. Staff upheld people's human rights.

There were clear, robust processes for managing quality and safety in the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 September 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection. We inspect newly registered services within the first year after their

registration.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

## 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Novus Care Limited - Reading

## **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 completed two inspectors, a pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, the manager was in the process of submitting their application to be registered.

#### Notice of inspection

We gave the registered manager 1 weeks' notice of the inspection visit to ensure the manager and senior staff were available to speak to us. We visited the office location on 14 August 2019. Inspection activity started on 14 August 2019 and ended on 22 August 2019.

#### What we did before inspection

We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of care provided. We spoke with five members of staff including the manager, the operations manager, the two service directors and one member of care staff.

We reviewed a range of records. This included six people's care records and six people's medicines administration records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, the provider's complaints and compliments file, team meeting minutes, the staff roster system and the provider's business continuity plan.

#### After the inspection

We reviewed further evidence sent to us by the provider. This included the provider's medicines administration and medicines collection policies, spot checks, supervisions and competency assessments for staff in relation to medicines and the provider's policies on infection control and safeguarding. We contacted six members of care staff. We received responses from four members of care staff. We also contacted three social care professionals. We did not receive any responses.

# 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 as 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

- Medicines were not always managed safely.
- The provider had policies in place for managing medicines. However, records we reviewed showed staff were not always following the provider's policies or national guidance when supporting people to take medicines.
- Some people's care plans did not always contain information about their prescribed medicines. In addition, some people's care plans and risk assessments had contradictory information relating to medicines. For example, one person's care plan stated they needed prompting to take their medicines, however, in another section of the same person's care plan it stated they needed to be given their medicines. In another example, one person's care plan contained a risk assessment dated 11 October 2018. The person's name was not recorded on this risk assessment which stated support was needed to take medicines. In the same person's care plan a risk assessment dated 1 April 2019 stated they did not need support to take medicines. In addition, this person's care plan did not contain a list of their prescribed medicines.
- One person's medicines administration record showed two medicines had not been given to the person on several occasions. This had been identified in the provider's audits, however, there was no evidence to show staff had taken action to address this, such as alerting the person's relatives or arranging collection of the medicines from the local pharmacy.
- Some people's assessments and care plans did not state if staff, people or their relatives were responsible for ordering, transporting or returning medicines from the community pharmacy. In addition, community pharmacy details were not always recorded in people's care records.

People were placed at risk of harm because staff did not have access to accurate information and guidance about managing people's medicines. Documents regarding the support required by people to take medicines was inaccurate and contradictory. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

### Assessing risk, safety monitoring and management

- Risks to people were identified in their care plans. However, some people's care plans did not contain risk assessments to help staff manage these risks to protect people from harm.
- For example, one person's care plan stated they were 'bed to chair bound' and unable to control their bladder and bowel movements, which put them at risk of their skin breaking down. There was no risk assessment in place to help staff monitor and record the condition of person's skin.
- In another example, a person was identified as being at risk of falling and at risk of skin breakdown.

However, we found no risk assessments in place for staff to manage either of these risks. We found no evidence that anyone had experienced harm because of this.

We recommend the provider consider current best practice for assessing, monitoring and managing risks to protect the health and safety of people using the service.

- During the inspection the provider agreed to review people's care records to ensure appropriate risk assessments and guidance for staff were in place. After the inspection the provider sent us information about how they would review people's care records to ensure they contained all the relevant risk assessments.
- The provider's business continuity plan detailed actions for staff to take in emergency scenarios or in cases of adverse weather to ensure people continued to receive care and support.

Systems and processes to safeguard people from the risk of abuse

- People who used the service said they felt safe when cared for by staff.
- Staff knew what actions to take to protect people from harm. The provider's safeguarding policy clearly laid out staff responsibilities to report and record abuse.
- The manager understood and upheld their duty to report any safeguarding concerns to local authority safeguarding teams and to CQC.

Staffing and recruitment

- People told us they received regular care visits from the same staff.
- The manager used an electronic rostering system to ensure people received support from consistent staff.
- There were enough staff to provide individualised support to people.
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff used protective equipment such as gloves and aprons when giving care and support.
- The provider had a policy in place for infection control.

Learning lessons when things go wrong

- The manager kept records of incidents and accidents. They reviewed these to take actions to prevent reoccurrences.



# 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 as 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, choices and preferences were assessed and documented, in line with evidence-based guidance.
- People's preferred care routines had been documented in detail, to help staff provide personalised support.
- Care and support documents were reviewed regularly and any updates or changes were recorded.
- Care and support given by staff was recorded in people's daily care logs.

Staff support: induction, training, skills and experience

- Staff were given the appropriate training and support to deliver effective care for people.
- Staff completed the provider's induction before starting work. This included the provider's mandatory training modules in areas such as moving and handling, safeguarding and infection control. The manager told us they supported staff to complete additional qualifications in relevant areas.
- Staff told us they felt well supported as they had access to relevant training and support.
- The provider supported staff through a structured programme of supervisions, appraisals and competency checks.

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

- Staff supported people to eat and drink enough to maintain a healthy diet.
- If people needed help with food or drink preparation this was recorded in their care plans.
- Where people were identified as being at risk of malnutrition or dehydration, staff provided appropriate support and recorded people's food and fluid intake in their care plans.

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

- People received support from staff to access health care support.
- Staff monitored people to detect changes in their health. If people needed support from professionals such as physiotherapists, staff promptly made the appropriate referrals.
- Staff accommodated people's needs to support them to attend appointments with healthcare professionals. For example, if people needed to get ready for an early appointment staff changed the times of care calls to meet people's needs.

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

- Staff had completed training in the Mental Capacity Act. They understood how to apply its principles and gave examples of how they had done this when providing care and support for people.
- Care records contained consent forms which had been signed by people. If people were not able to sign consent forms due to not having capacity, their legally appointed representatives had signed on their behalf.
- One person's care plan showed they did not have the capacity to make decisions about their health and welfare. The appropriate documentation was in place in their care plan. This demonstrated there was a legally appointed representative authorised to act on their behalf.

# 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

- Staff provided sensitive, compassionate care and respected and upheld people's human rights.
- People said staff were compassionate and caring. In written feedback one person stated, "[Staff name] gave exceptional care. Both on a physical and emotional level while maintaining [person's] dignity."
- Staff talked about how they had developed caring relationships with the people they supported. One staff member said, "I like to build up trust with making sure they're getting the right care that they deserve - asking them their preferences."

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

- People were supported to be involved in making decisions about their care and support.
- The provider used a system of regular reviews and quality assurance calls to check people were happy with the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and protected their dignity and privacy. People were supported to maintain their independence and do the things that they could.
- Staff understood the importance of making people feel comfortable and of protecting their privacy. They gave us examples of how they did this when providing care and support. One staff member said, "When giving [people] personal care I close the doors and pull curtains."
- The provider held people's confidential information securely both on the electronic and paper recording systems.

# 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

- Staff planned care in partnership with people. Care plans included detailed information about how and when people wished to receive care and support.
- People told us they were consulted about their needs and preferences and had been involved in planning their care and support. One person said, "[Deputy manager] came here, spoke to me to ask me what I need – I said I need someone I can train...she listened...I get the same person Monday to Friday. [Staff member] knows the routine."

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.

- The provider complied with the Accessible Information Standard.
- The manager told us about methods staff used to help people communicate. In one example staff supported a person with a hearing impairment by using written communication during care visits. In another example staff had learned some words in a person's first language so they could support their communication needs.

Improving care quality in response to complaints or concerns

- The provider's complaints policy laid out actions for staff to take if complaints were raised.
- Complaints had been investigated promptly. Records showed which actions had been taken to resolve complaints.

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care, however, the manager told us appropriate plans would be put in place if people needed care at the end of their lives.
- The manager told us staff had liaised with professionals such as specialist nurses, GPs and occupational therapists to ensure people received appropriate care, support and treatments as they reached the end of their lives.

# 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 as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager used a system of audits to monitor quality and safety within the service, however, these systems were not always effective. For example, the provider's audits had failed to identify the errors and omissions we found in people's medicines administration records, detailed in the safe section of this report.
- In addition, the manager's audits had failed to identify that not all risk assessments were in place in some people's care records. This is detailed in the safe section of this report.
- The provider sought regular feedback from people to identify ways to improve the service. However, some people's care plans did not contain evidence that staff had acted on their feedback to make improvements.
- Staff were supported and encouraged to feedback about people's care and the service provided through regular team meetings and supervisions. However, we saw no evidence of actions taken following staff feedback.

The provider's systems to monitor and improve quality and safety in the service were not effective. The provider had not acted on feedback given to evaluate and improve the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

After the inspection the manager sent us evidence of people's risk assessments they had reviewed and updated, as well as information about how they planned to review specific risks assessments in people's care plans. They told us they planned to complete this review within a four week period.

- The manager had begun to implement actions to review the quality assurance systems and processes in the service. This included delegating responsibility to senior care staff for reviewing the care and care records for specific groups of people. In addition, the manager told us they intended to introduce monthly targets for staff to work towards to ensure people's care records were effectively audited.

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

- The manager was committed to delivering high quality, individualised care which met people's needs.
- People told us staff were approachable, open and delivered personalised care and support.
- Staff felt the manager was supportive, open and approachable. One staff member said, "The manager's

fantastic, I have no complaints. She's supportive of us [staff] and the [people]. I've got a lot of respect for the manager, she's wonderful."

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

- The registered manager was clear in their understanding of the duty of candour and knew the actions to take should something go wrong. For example, one person's support visit had not been delivered as a staff member had suddenly become unwell. Office staff were unaware the call had been missed. When the manager became aware of this they contacted the person to apologise and offer an alternative support visit.

Continuous learning and improving care

- Staff were encouraged to reflect on practice to improve care.
- The provider's operations manager completed regular quality assurance visits to the service to identify areas for development.
- Staff's competency was regularly checked and areas for development were identified.

Working in partnership with others

- Staff worked collaboratively with health and social care professionals to provide individualised care and support.
- People's care records contained evidence of staff working with professionals from health and social care to meet people's needs and promote their wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were placed at risk of harm because staff did not have access to accurate information and guidance about managing people's medicines. Documents regarding the support required by people to take medicines was inaccurate and contradictory.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems to monitor and improve quality and safety in the service were not effective. The provider had not acted on feedback given to evaluate and improve the service</p>