

Novus Care Limited

# Novus Care Limited - Watford

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Novus Care provides person care for people with dementia, mental health, physical disability and sensory impairment who live in their own homes.

People's experience of using this service:

Care plans had been developed when people started using the service. However, risk assessments had not always been developed for each identified risk and lacked detail and guidance for staff. Staff demonstrated they knew the people they supported.

Care plans were person centred and detailed people's choice and preferences.

The registered manager was involved in the day to day support due to covering staff vacancies. However, this meant the auditing and monitoring of the service needed to improve. Audits were not always completed in a comprehensive way.

Staff received all the training they needed to do their role.

People felt the staff were caring and they were happy with the support they received. Staff were responsive to people's needs and supported them in the way they wanted to be supported.

Rating at last inspection: At our last inspection the service was rated as "good". Our last report was published on 19th April 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service to ensure that people receive safe, compassionate, high quality care.

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

## 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 ●

This service was safe

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

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## **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:

The inspection team consisted of one inspector.

Service and service type:

Novus care is a domiciliary care agency. At the time of the inspection it provided personal care to people living in their own homes. The service supported people living with dementia, mental health, people with eating disorders, people with physical disabilities, people who may have sensory impairments and anyone who may need support with personal care.

On the day of the inspection 54 people were using the service. Not everyone using Novus Care received a regulated activity. On the day of our visit 50 people received the regulated activity. CQC only inspect the service being received by people provided with personal care, help with tasks related to personal hygiene and eating.

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Our inspection was informed by evidence we already held about the service. We checked for feedback from people who use the service, relatives and local authority.

We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvement they plan to make. The service had returned their PIR 07 September 2018.

During the inspection:

We gathered information from three care files which included all aspects of care and risk.

We spoke with one person who used the service, two relatives and three care staff. We reviewed feedback from satisfaction surveys, reviewed audits, policies and procedures, minutes of meetings, records of accidents, incidents and complaints.

We requested additional evidence to be sent to us after the inspection visit, which included staff training records, supervision records, statement of purpose and monitoring information. The information was received on the day of the inspection and the day after the inspection the information was used as part of the inspection.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- Systems and processes was in place to safeguard people from abuse.
- Staff told us the steps they would take if they suspected someone was at risk of abuse. One staff member said, "Report to manager report straight to on call, then social services."
- Staff received safeguarding training.
- Staff told us that if they had any concerns out of hours there was an on- call system to support them and people who used the service. Staff working out of hours logged in to a system to acknowledge they were at a new call. The out of hours on call were made aware of this. This promoted safety for the staff who were lone working out of hours.

Assessing risk, safety monitoring and management

- Environmental risks had been identified and measures had been put in place to reduce risk. For example, bathroom hazards, kitchen and food preparation.
- Risks relating to people's care and support were not detailed enough.

Staffing and recruitment

- The provider had a robust recruitment procedure and checks to help ensure that staff were suitable to work at the service. Each staff member had a disclosure and barring service (DBS) check, references from previous employment and an induction completed.
- Staff told us they were actively recruiting due to vacancies. The management team were also completing support shifts for consistency.
- The provider had a logging system which showed when care calls were planned and when staff arrived at the care calls. The manager stated that they completed weekly audits where they looked at the care calls made. If a staff member was late this would be addressed in their supervision. Where hours had not been provided the service invoiced for what had been delivered.
- People said that they received their support. In the quality assurance survey send out by the provider 90% of people were made aware if their support was delayed. One person said, 'Usually on time rarely late'

#### Using medicines safely

- People told us staff supported them to take their medication, we found some gaps on the medicine administration record sheet which we raised with the manager immediately who completed a spot check.

#### Preventing and controlling infection

- Staff had received training in infection control.
- Protective equipment such as gloves were provided.

#### Learning lessons when things go wrong

- There had not been any accidents or incidents reported.
- Spot checks were implemented when concerns had been raised by a relative for medication documentation.



## 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

Good: □ 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 had been assessed before they begun using the service. Assessments detailed the person's support needs.
- The service created care plans which highlighted what was important to the person and how they wanted to be supported. Staff were aware of people's support needs. New staff would shadow existing staff and were introduced to people.
- The registered manager confirmed they spoke with the people receiving the support to ensure their voice was heard about their support.

Staff support: induction, training, skills and experience

- Staff confirmed they attended all training and felt that it covered everything they needed for their role. Staff confirmed, "Yes it was good, it was three days of training. I learned quite a lot from it."
- Training records confirmed staff had attended key training. For example, safeguarding, food hygiene and food safety, Health and safety, Infection control, Medication,) and moving and handling. The registered manager told us that they included the provider's values and standards for the roles.
- Staff confirmed, "Yes it was good, it was three days of training. I learned quite a lot from it."
- Staff felt they could approach management if they needed support. Staff received supervisions and spot checks to help ensure they were delivering good care.

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

- Staff were trained in food hygiene and food safety.
- Relatives told us that the staff make sure their relative has something to drink and eat.
- One relative said, "There is one carer who cooks dinner and then stays to prompt [person] to eat dinner, they will sit with them."

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



- Staff knew what to do should they need to contact professionals.
- Staff worked with other health professionals to meet people's needs. For example, the registered manager spoke with hospitals when people were admitted and discharged.

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

- People had access to health services, staff said they contacted relevant health professional.
- One relative said, "They have accommodated the time if [person] has appointments. They will change the time. It is not a problem."

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 and found that it was.
- People told us that staff asked for consent when supporting them. We saw that people had been asked how they would like their support.
- Staff had received training in the Mental Capacity Act and DoL's.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ 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 showed they knew people's needs and preferences. Staff spoke warmly about the people they supported.
- People and relatives made positive comments about the care they received and told us, "I am most satisfied, we get excellent care."
- One relative stated in a compliment, 'I should like to send my very sincere thanks to all of your team for the excellent care, love and affection that they showed to [my family member] over the last couple of years. [We] appreciate your efforts greatly.'
- Staff supported people above and beyond their responsibilities. For example, a staff member regularly visited a person when they were in hospital, so they were not lonely.
- Staff were passionate about giving good care to people. One staff member said, "I love my job, it's seeing people with big smile on their face. I get a warm feeling."
- People's care plans and records were written by staff who used respectful language and gave a good overview of how people were supported.

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

- People were involved in developing their care plans which detailed what was important to them and what they would like support with. For example, the care plans stated preferences of meals, what cutlery people liked to have and where they liked to have their meal.
- The registered manager sent out satisfaction surveys to people using the service to comment on the support received.

Respecting and promoting people's privacy, dignity and independence

- People's records were held securely in a locked cabinet within the office to help promote confidentiality.
- Staff supported people to remain in their own homes to be as independent as possible. For example, a relative contacted the provider to ask for support so a person could return home. They were keen to use this provider due to the relationship they had built.

- Care plans guided staff on how to meet people's needs in relation to maintaining and promoting people's independence and privacy. For example, the care plan states how people would like their support 'Please knock on the door and I will let you in.'



## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

- People told us they could change their support times if needed.
- The registered manager regularly reviewed people's support needs and put in extra support if people's needs changed. For example, one person's spouse had been admitted into hospital, which meant the person needed an increase in support hours. Within two hours the extra support was arranged.
- A relative said that they staff are responsive to their family member's needs, for example the staff noticed the person was suffering with dry skin so made sure they got a particular cream to help with this.
- Staff told us they provided companionship and supported people to go out for the day. The person decided what they wanted to do for the day.

Improving care quality in response to complaints or concerns

- The providers complaints records showed, where concerns were raised these had been discussed appropriately and investigated in line with the policy and procedure for managing complaints.
- Relatives felt comfortable with raising any concerns they had and any concerns raised had been dealt with appropriately.
- People were able to speak about the support they received with surveys. One person said, "They are very good, they send satisfaction questions about the support."

End of life care and support

- The staff supported people at the end of their life according to their wishes.
- People were supported to stay in their own home if they chose to do so and extra support was put in place to facilitate this. The management team told us about one person, "Their wish was to die at home. They did not have any close relatives, so we stayed with them."



## 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

Requires improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Audits had been completed for medicines. When reviewing the audits there was not a consistent approach in quality. Audits were completed by senior support staff, but the registered manager did not always have oversight of the outcomes of these audits. The medicine administration record (MAR) had gaps in where signatures were not obtained, this had not been investigated in every circumstance. This meant we could not be confident that the checking systems were effective.
- A relative told us, "Medication was found by the afternoon call in the dossette box that wasn't given in the morning. The carer phoned the GP and got advice for the missed medication. They told us that staff have written in notes rather than the MAR sheet, however this was looked into by the manager who completed a spot check. A dossette box is a plastic grid where medication is stored with clear windows, labelled with the time for medication and the days of the week.
- The registered manager was unaware that medication errors needed to be reported in line with the providers policy.
- The registered manager did not ensure risk assessments were detailed to help staff support people safely. For example, where someone needed their food modified there was not a risk assessment which detailed how to support the person to reduce the risk and what staff needed to do in the event of the risk occurring. Staff had not had training on how to modify foods, this meant that staff may be modified incorrectly.
- The registered manager told us she would look to implement her own audit.
- The provider had a clear business continuity plan in place in the event of any emergency.
- There was a clear management and staffing structure in place with a regular staff team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team and care staff had a good understanding of their responsibilities and cared about

delivering person-centred care.

- People, their relatives and staff members were positive about the provider and told us that there was always someone available to support them if needed.
- The management team recognised positive work and had a system to recognise care worker of the month.

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

- People had their say with yearly surveys where they commented on the support they received. The registered manager made sure people had reviews of their support.
- Team meetings were held for staff to speak about the people they supported and any issues relating to the service. Newsletters were sent out to staff, keeping them updated on any service changes.
- The senior management got together to discuss the quality of the service being delivered operationally.

Continuous learning and improving care

- Audits had been carried out by the local authority to check the quality of the care people received. Action plans had been produced from this and completed appropriately.
- The registered manager told us they had spoken with other managers for guidance on their role, however they said they felt that at times it was difficult to keep up to date with the changes. The registered manager said that they would look at resources to improve their knowledge.

Working in partnership with others

- Staff connected with health professional and other professionals involved in people's care. Staff told us they had positive feedback from district nurses where staff have supported people with a health need.
- The registered manager was in regular contact with the local authority to request increases and decreases of support to meet the people's changing needs.