

Nova Care Yorkshire Ltd

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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

About the service

Nova Care Yorkshire Ltd is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection there were 21 people using the service.

CQC only inspects the service being received by people provided with personal care. We look at care related to personal hygiene, eating and medication. We also consider any wider social care provided.

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

People spoke positively about the care they received from the staff team and the registered manager.

People were protected from the risk of abuse by staff who had completed safeguarding training. People's risks were appropriately assessed, and staff had clear guidance to manage identified risks. The provider followed safe recruitment practices.

People received the support they needed to manage their medicines safely. One relative said, "They [provider] is really good and when they [person] is running low (with medicines), they send me a message to remind me." Staff followed infection control practices effectively.

People's needs were assessed by the registered manager before they started using the service. People's care plans were person-centred and reflected their individual needs. The provider appropriately supported staff through induction, training and supervision. The provider sought training and support from external companies including universities and ambulance services to develop staff's knowledge and invited families to attend training specific to their relative's needs.

People were supported appropriately with their nutritional and hydrational needs. The provider had created easy read documents to send to people to support them with hydration during a recent heatwave. The provider worked collaboratively with healthcare services to maintain good health for people.

Staff sought consent from people when offering care. 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 were encouraged to express their views and be involved in decision making about their care.

The provider had appropriate staffing levels and deployed staff effectively. People were able to maintain the relationships which were important to them to reduce the risk of social isolation. Staff and relatives gave feedback about person-centred activities.

People and staff spoke positively about the culture of the service and the registered manager. The provider had won two awards in their local area for the care they provided. The registered manager and staff understood the responsibilities of their roles. The provider had quality assurance processes in place which

helped drive service improvements. The provider appropriately dealt with complaints received.

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 12 November 2019 and this is the first inspection.

Why we inspected

This inspection was completed as a registered service that required a first rating.

Follow up

We will continue to monitor information 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.

Nova Care Yorkshire 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 carried out by two inspectors 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 19 August 2022. We visited the location's office/service on 25 July 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2019. We requested feedback from stakeholders, including the local safeguarding and commissioning teams. We used the information the provider sent us in the provider information return. 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 all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and eight relatives about their experience of the care provided. We gathered information from four staff members including the registered manager.

We reviewed a range of records including; three peoples care plans, risk assessments and medicines records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records.

After the inspection

We requested further information and evidence from the provider. This included information relating to medicines, staff training and governance.

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 received safeguarding training and knew what procedure to follow if they had concerns. One relative said, "I've read the logs and I've no reason to believe they're [person] not safe."
- The provider had a safeguarding and whistleblowing policy.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff managed risks safely.
- The provider had completed risk assessments relevant to people's needs.
- Care plans included guidance for staff on how to manage assessed risk. This followed advice from health professionals who the provider worked effectively with to manage people's risks.

Staffing and recruitment

- The provider followed safe recruitment practices and deployed staff effectively.
- The provider separated the staff team in to 'small teams' to ensure people had consistent care from familiar staff. Staff were deployed based on their personal and professional skills.
- Two of three staff told us they had enough time to complete all the required support tasks. The provider had a minimum visit time of 30 minutes.

Using medicines safely

- People received support to manage their medicines safely.
- The provider used an electronic system for managing medicines. However, they were reviewing whether to continue with the system as it was not always effective. The provider had implemented a contingency method to ensure medicines were safely managed.
- Staff were trained in medicines administration and had regular competency assessments.

Preventing and controlling infection

- People were protected from the risk of infection.
- Policies and procedures for infection control were accessible to staff and staff had completed training in the prevention and control of infection.
- One person said, "Oh yes, they have a mask and their uniform and gloves and aprons."

Learning lessons when things go wrong

- The management team reviewed all accidents and incidents and recorded actions taken to improve

practice.

- Staff were aware of how to report any incidents and lessons learnt were shared with staff.
- Appropriate actions were taken, and records were updated to mitigate incidents of a similar nature.

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

- People were assessed by the registered manager before they started receiving support. This ensured their needs could be effectively met by the provider.
- The provider had a robust assessment process. A 'test run' was completed by the provider prior to packages commencing to ensure the provider was able to effectively meet the person's needs.
- The assessment process was person-centred and included information from relatives and relevant health and social care professionals. This was used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and training relevant to the needs of people they supported. This included a one-week shadowing period with a staff member who was familiar with the person.
- The provider outsourced additional training from universities and ambulance services to upskill the staff. The provider also funded a National Vocational Qualification for all staff to enable internal progression.
- The registered manager had daily communication with the staff and one staff member said, "[Registered manager] is a brilliant leader. They [registered manager] really care about their team."

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

- People's needs around eating and drinking were recorded in their care plans.
- The provider worked with other professionals to support people who had additional needs. For example, people who had difficulty swallowing.
- Staff were familiar with people's needs around nutrition and hydration. One staff member gave an example of a recent heatwave and had ensured extra fluids were provided for people to access in between visits.

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

- Staff worked with other health and social care agencies to ensure people received effective care.
- Care plans were adapted and based on guidance received from health care professionals.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- People were able to make day to day decisions about the support they received from staff. Staff told us, they sought consent when offering support. People confirmed this.

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 treated people well.
- One staff member said they, "Are respectful about their [person] preferences" and "Put the person at the centre of the care."
- One person said, "We just feel like one family. It's quite a nice feeling."

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

- People were supported to express their views and were fully involved in making decisions about their care.
- People were supported by a staff team who knew them well and were familiar with their preferences.
- The provider created a booklet called 'Novagram' which they distributed to people. This included life histories, songs that people had said they enjoyed and 'life advice' obtained from people who used the service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy.
- Relatives spoke highly of staff and one relative told us, "They [staff] really respect people's wishes." Another relative said, "They respect her wishes, if she doesn't want to get dressed that day, they respect it."
- Staff were able to give examples of how they would respect people's privacy and dignity and promote their independence. One relative said, "Yes, they do. [Person] gives herself her own lunch and when showering they [staff] help [person] if she needs help."

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 and relatives, where needed, were involved in the planning of their care.
- People and relatives, with permission from the person, had access to an 'app' where they could view all care records. If people and relatives wanted to amend records they could ask the registered manager to do this.
- The provider engaged in regular conversations with people and relatives to ensure they were happy with the service they received.
- Staff demonstrated a good understanding of people's needs.

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.

- People's communication needs were assessed.
- The provider gave an example of communication methods in place for people who did not communicate verbally. This included picture books, letter puzzles and using songs as a method of communication.
- We saw evidence of adjusted communication methods based on feedback from people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and avoid social isolation.
- Staff gave us examples of person-centred activities that were taking place.
- One relative said, "Yes, on a Monday and Friday they come and do an activity with them [person], jigsaws and knitting."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- Not all relatives knew how to make a complaint. However, this was said to be because they had never had to.
- One complaint had been received since the service started operating. The registered manager had taken

the appropriate action when dealing with this.

End of life care and support

- The provider was not currently providing support to anyone at the end of their life. However, the provider had the appropriate training in place to support someone effectively if the need arose.

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.

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

- The registered manager was passionate and committed to providing a caring and person-centred service. The staff echoed this passion.
- One person said, "Yes, I'm more than happy, it's a very good service."
- Staff spoke highly of the registered manager and their colleagues. One staff member said, "The registered manager promotes a brilliant work ethic and morale."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 demonstrated a good understanding of their role and responsibilities.
- Staff were in regular communication with the registered manager and said they were kept up to date about changes.
- There was clear delegation in place at the service and the provider operated a 24 hour on-call system.
- The provider had created individual protocols to support staff during out of hours activity.

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

- The registered manager said they had regular contact with people and relatives.
- The provider had set up a 'carers' group in the local area for families and carers to access support. However, this was currently postponed due to COVID-19.
- We saw evidence of a welcome pack that was comprehensive and detailed. The registered manager said this was distributed to new people accessing the service and included information about staff training, electronic systems, fees and how to make a complaint.

Continuous learning and improving care

- There were systems to monitor the quality and safety of the service. These included audits of medicines records, care plan audits and audits of staff notes.
- Actions identified in audits were appropriately followed up and discussed with staff.
- The provider sought feedback from people and relatives to improve the service. One relative said, "I don't think I have ever had to say anything negative."

Working in partnership with others

- The provider worked in partnership with other services involved in supporting people. Records showed communication with a range of health and social care professionals.
- Advice given by professionals was included in people's care records.