Novus Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Novus Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides a service to adults. On the day of the inspection the service was supporting 41 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Novus Care Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

• Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. However, we saw that some staff had not received training in topics that the provider considered essential and refresher training for staff had not routinely gone ahead. We have identified this as an area of practice that requires improvement.
• People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "Their attitude is polite they always come with a smile and they give me confidence".
• People's independence was promoted and told us their needs were met. They told us that they had a regular team of care staff who arrived on time and knew them well. One person told us, "It depends on how you feel within yourself, but I feel like it's a friend coming to my house to help me out".
• People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They are all pleasant, nice and professional".
• The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.
• People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "They make a horrible situation so much easier, I'd be lost without them".

Rating at last inspection: Good (report published 10 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at 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? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
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 well-led. Details are in our Well-Led findings below.	**Good**

Novus Care Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of 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. The expert at this inspection had experience of caring for older people.

Service and service type:

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

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:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

What we did:

• Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps us support our inspections.

• We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse.

During the inspection:
• We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider.
• We reviewed four people's care records.
• We spoke with five members of staff, including the registered manager, two care co-ordinators, and care staff.
• During our inspection we spoke with 10 people over the telephone.
• We met with the registered manager in the office, and observed them working in the office, dealing with issues and speaking with people over the telephone.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

• People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "I feel absolutely safe with my carers".
• Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety. A member of staff said, "I've had training on safeguarding people from abuse, I'd know what to do".
• Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Using medicines safely

• Care staff were trained in the administration of medicines and people were supported to receive their medicines safely.
• We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
• Detailed risk medicine risk assessments were completed to assess the level of support people required.
• Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.
• Nobody we spoke with expressed any concerns around their medicines.

Assessing risk, safety monitoring and management

• Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
• Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
• Positive risk taking was encouraged and we saw risk assessments for people to access the community and manage their own medicines.
• The service planned for emergency situations, such as staff shortages and inclement weather.
• Additionally, the service operated a 24 hour on call service to support both people and staff. A member of staff told us, "On call are always there and I love that. They support me".

Learning lessons when things go wrong

• Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
• We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

• People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Staffing and recruitment

• Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits.
• Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
• Staff received regular rotas and any changes were passed onto them in a timely manner. This enabled staff to have up to date information on people and their call times. A member of staff told us, "We sometimes cover for each other, but there are enough staff to carry out the visits. The number of visits I get asked to do is reasonable".
• Feedback from people and staff was they felt the service had enough staff. One person told us, "I guess there are enough. They are on time, if they are going to be late I'm always called. They stay for the right time and the only time they leave early is if I tell them to".
• Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

• Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "I believe they are well trained".
• However, some staff had not received training in topics that the provider considered essential and refresher training for staff had not routinely gone ahead.
• Some staff required training and refresher training around safeguarding people from abuse, the Mental Capacity Act 2005 (MCA) and managing medicines.
• The registered manager was aware of this and was in the process of ensuring that all training was up to date. However, at the time of our inspection this was not the case and has been identified as an area of practice that requires improvement.
• Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
• Systems of staff development including one to one supervision meetings and annual appraisals were in place.
• Staff had a good understanding of equality and diversity, which was reinforced through training. One member of staff told us, "I've not seen any problem with diversity at all".
• People told us they felt the staff were well trained. One person told us, "Well what training do they need, it's like a daughter looking after a mother. For what I need they are sufficient. A horrible situation has been made better because of the carers".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• Staff undertook assessments of people's care and support needs before they began using the service.
• Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. One person told us, "I was involved, they wrote down my preferences around things like meal times".
• Documentation confirmed people were involved, where possible, in the formation of an initial care plan.

Supporting people to eat and drink enough with choice in a balanced diet

• Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "I tell them what I want to eat and drink. I am definitely involved".

• Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

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

• We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A member of staff told us, "I had this recently, a person was not themselves, so I raised it and it turned out they had a UTI (urinary tract infection)".
• Care plans included detailed information on their healthcare needs and how best to provide support.
• Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals. Staff were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being.
• People were supported to access and attend routine health care appointments such as visits to the GP.

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

• People told us they received effective care and their individual needs were met. One person told us, "They are very helpful and understanding. If I phone up something is done immediately, they are very much on the ball".
• We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "We get on well. They are fully informed by the office about my needs".

Ensuring consent to care and treatment in line with law and guidance

• The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection.
• The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
• People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

• Staff provided people with choice and control in the way their care was delivered.
• People were empowered to make their own decisions. One person told us, "I am in control".
• Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We offer choice with everything, what people want to wear, what they want to eat, do they want a shower or a strip wash. It's up to them".

Respecting and promoting people's privacy, dignity and independence

• Staff supported people and encouraged them, where they were able, to be as independent as possible.
• Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "When I am given a shower I can do part of it myself and they let me do what I can. They are very respectful and I couldn't wish for better carers".
• People's privacy and dignity was protected, and staff.
• Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first.
• Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected. One person told us, "We have a laugh and they are very gentle and kind".
• Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "We get to know people well and what they want".
• People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

• People were attended to in a timely manner and were supported with kindness and compassion.
• Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I think they have shown me how people can still be very pleasant. They are always very friendly and helpful. They would always do more than I ever ask them to do".
• People had been supported to maintain links with their family and friends. Staff also recognised that

people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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 that the service responded well to their care and recreational needs. Staff supported people with various recreational activities, including going shopping, going out to lunch and swimming.
• Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs. They told us, "Our quality of care is good. Our staff are local and loyal, and we advocate for clients and meet their caring needs".
• We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
• A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. They told us, "Our rotas have enough travel time. If it's a long way away, we'll get 20 minutes and if it's just around the corner we get five. We have enough time to get to each visit".
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
• We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. For example, using a white board in the person's home to share information with them and their relatives.
• Technology was used to support people to receive timely care and support. The service used a real time monitoring system, that allowed them to track where care workers were and be alerted to any visits that were running late.
• Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example which room they liked to eat in, and their preferences around clothes and personal grooming.
• Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
• Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful,

person-centred care.
• People received care from a consistent and regular staff team. One person told us, "Most of the time it's the same carer from Monday to Friday and a different carer at the weekends. Yes, they do meet my needs, the regular carer knows me well and if there is anything that I need I just ask, and they do it".

End of life care and support

• Peoples' end of life care was discussed and planned and their wishes were respected.
• Documentation showed that peoples' wishes, about their end of life care, had been discussed and recorded.
• Staff had received specific training in respect to end of life care and the registered manager had liaised with a local hospice to share knowledge and discuss best practice.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
• The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I know I can phone the office, they are always there and it's never too much trouble".

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

• The provider undertook quality assurance audits to ensure a good level of quality was maintained.
• We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures. For example, medication audits had determined that some staff required further training and supervision in relation to administering medicines.
• Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
• People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities.
• The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality, care. One person told us, "I have had a different care company once and they were nowhere near as good as Novus Care".
• A member of staff added, "We are all of the same mind-set that we care for people as though they were our own family".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• 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.
• We received positive feedback in relation to how the service was run. One person told us, "I think Novus Care are great and I would recommend them to everyone with confidence, they are always polite and have a smile on their faces. When you are alone and don't have anyone to talk to day in and day out, it is so nice to see a friendly face".

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

• People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. One person told us, "They ask me questions annually and they fill it in for me".
• Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Working in partnership with others

• The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
• The service also liaised with a local hospice and dementia café to develop learning and to raise awareness of their service.

Continuous learning and improving care
• The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "Everyone I work with is open and we communicate well".
• There was also a clear written set of values that staff were aware of, so that people would know what to expect from the care delivered.
• Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
• Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

• Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
• The registered manager was aware of 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.