Novus Care Limited

Novus Care Limited - Canvey Island

Inspection report

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16 January 2020

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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

Novus Care Limited - Canvey Island is a domiciliary care agency providing personal care to 72 people at the time of the inspection.

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
People felt safe using the service. Staff knew how to keep people safe from the risk of harm. Risks to people had been assessed and medicines were safely managed. There were enough staff deployed to safely meet people's needs. Staff had been safely recruited to ensure they were suitable to work with vulnerable people. Staff used good infection control practices to prevent the spread of infection.

Staff received training, supervision and appraisals to help them develop the necessary knowledge and skills to be competent in their role. 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.

Staff were very caring and motivated to support people. People were respected as individuals. Care plans contained very detailed information and guidance for staff on how to meet people's needs. People's preferences for their care and support were regarded throughout. Whilst the level of detail was very person centred we noted one care plan required an update.

Staff knew what mattered to each person. People were provided with information on how to make a complaint and systems were in place to respond appropriately. The views of people were sought to drive improvements. People's end of life needs were not always being identified in their care plans. We made a recommendation in relation to end of life.

Staff were included in the running of the service. Staff told us the management team were supportive and they enjoyed working at the service. The previous registered manager had been promoted to an operations manager, and a new manager had been appointed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 02 August 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Novus Care Limited - Canvey Island

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:
Three inspectors and one expert by experience completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Novus Care is a domiciliary care agency which provides personal care to people in their own homes.

The service should have 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. The provider had appointed a new manager who was planning to register with CQC.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager would be available.

The inspection site visit started on 13 January 2020 and ended on the 16 January 2020. This included visiting the office location to speak with the manager, interviewing staff and reviewing care records and policies and procedures. Before our initial visit we contacted people and professionals by telephone and email to obtain feedback on the service.

What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the newly appointed manager, the operations manager and seven members of staff. We spoke with five people who used the service and six relatives. We looked at eight people's care records including their medication records and daily notes. We looked at four staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys and quality audits.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
• The manager advised us that care visits were provided within a thirty-minute window either side of agreed times. Safety risks with regard to this were managed as people who required specific call times due to health or medication needs were given priority.
• We looked at information where two people had identified late care calls, but when we checked the records, they were receiving care calls within the agreed time frame. The manager told us they would review the call times with the two people who raised concerns.
• Prior to the inspection an electronic system had been introduced to help the service, monitor when staff were running late, and to assist with rotas. The new system required staff to log in and out of care visits using their mobile phone. This meant the management team could monitor care visits in 'live time' to check people received their allocated care and support. Where the system identified late calls or the potential of missed visits, the manager followed this up. One person told us, "I have no concerns with my care. I feel safe and I know the staff. They are usually on time for the calls." A relative said "There is a team of five of them that come, and they send a weekly rota, so you know who is coming. We have no concerns or worries at all. They provide breakfast and they ask what [Person] would like that day."

Systems and processes to safeguard people from the risk of abuse
• Staff had received training in safeguarding and understood their responsibilities to ensure people were protected from harm. The manager worked in partnership with the local authority to protect people identified at risk of harm. One staff member said, "I would talk to my manager, or go to the CQC or whistle-blow."
• Information about safeguarding was available to people using the service including how to raise concerns.
• Safe recruitment processes were followed including making the necessary checks to ensure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management
• People reported feeling safe using the service. A person told us, "I have no concerns with my care. I feel safe and I know the staff." Another person said, "I have got to know the staff well. They are a very good company. They come at the right times and I always feel safe with them. They give me my medication and it is always remembered. There have been no mistakes with it."
• Staff wore ID badges and uniforms and people told us they were introduced to new staff before they started working in their homes.
• Care plans contained detailed risk assessments associated with people's safety and the environment. However, on one care plan we looked at whilst the risk assessments were very detailed not all risks had been updated. The manager told us this would be done straight away. Staff we spoke with were aware of the risks

associated with this person's care.
• Risks associated with people's health conditions had been identified. For example, there was a very detailed risk assessment to provide staff with guidance about how best to manage a person's diabetes.

Using medicines safely
• Staff had received training and had been assessed as competent to support people with their medicine.
• A new electronic medication administration records (MARs) had been introduced. When a gap had been identified, the audit system had identified this, and staff had been retrained.
• People said they received appropriate support to take their medicines. One relative told us, "We are happy and don't have any concerns at all. [Person] is looked after safely and they give their medicine correctly without any problems." Another relative said, "They [staff] always offer to help [Person] with anything and they respect their wishes. They dealt with an issue when [person] had double dosed their medication (which they administered independently). They informed the relevant people as well as me and spoke to the GP and pharmacy too. They seem well trained."

Preventing and controlling infection
• All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection.
• People told us staff wore aprons and gloves when providing care and support.

Learning lessons when things go wrong
• Accident and incidents were recorded, and action was taken to manage the risks.
• In response to concerns about medicine errors the service had introduced an electronic monitoring system which provided prompts to staff. This had a positive impact reducing the number of occurrences significantly.
• Investment in a new electronic monitoring system meant the manager was now able to check care staff had turned up and stayed for the duration of the care call. Feedback confirmed people received their calls and there had been no missed calls recently.
• The service had identified some people were not always happy with the quality of communication between office staff and people. The registered manager told us they would be following up any concerns in relation to communication.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were assessed prior to them using the service including aspects such as their diet, religion and culture.
• People's needs, strengths and choices were recorded to help people achieve outcomes that were important to them.

Staff skills, knowledge and experience
• New staff were inducted using the Care Certificate which represents best practice when inducting new staff into the care sector.
• Staff felt supported and told us they regularly received supervision and monitoring of their performance by senior staff who worked out in the field. This helped identify staff learning needs and any performance issues. One staff member said, "We requested Parkinson's and dementia and they have booked it. If you want training, you get it."
• Staff were provided with training delivered by the provider's own in-house trainers to support staff knowledge and competence. A record of staff training was kept which showed staff refresher training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff received training in food hygiene and where it was part of an assessed need, people received support with preparing meals and drinks. One person told us, "They [staff] ask me what I would like for my meal and are just all very good. I can't fault them."
• Risk assessments had been carried out when people needed additional support to eat and drink in a safe way.
• Information was personalised to each individual and recorded if people had allergies, and food preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received consistent care and support as they usually had regular care staff. These staff were supported by senior staff who worked out in the field and provided a liaison point between people, care staff and the office.

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
• We found the principles of the MCA were interwoven throughout people's care and support plans which reminded staff to ensure people had choice and control over their daily lives.
• The manager told us they would ask for the support of people's social workers if formal assessments of capacity were required for important decisions such as financial or a change in living arrangements.
• Staff understood the importance of supporting people to make their own choices and gaining consent before providing support. One staff member told us, "It's taking into consideration people's ability to make decisions and everyone is different. You must read their care plan and do things according to their needs.

Good

Is the service caring?

Our findings

Ensuring people are well treated and supported; respecting equality and diversity
• People said staff were kind and treated them respectfully. One person said, "No one is ever rude, and they respect my privacy. They will stay for a chat if there is time." Another person said, "We all get on very well. They ask me what I would like and will do what they can to sort it out for me. I fancied cheese on toast the other day and they did it for me." A relative said, "We like them [staff]. They always treat [Person] with respect."
• People were generally supported by regular staff which meant staff and people had developed a good rapport. A person told us, "They are a good crowd. They are always kind and helpful. They greet me as they come through the door and then will chat away to me." A relative said, "I believe [Person] is cared for safely. They see the same few staff."

Supporting people to express their views and be involved in making decisions about their care
• People told us staff always asked them about the care they needed. One relative told us, "They will often do little extras too, like hoovering. They give [Person] choices day to day with appropriate clothing for their comfort."
• Office based staff told us they periodically made telephone calls and spot check visits to check on care and to seek people's views of the service they received.
• Care records identified where people had representatives who acted on their behalf. This ensured people's choices and rights were upheld.
• Any communication needs were recorded to provide staff with guidance on how to talk to people and include them in decisions about their care.

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy, dignity and independence was promoted. One person told us, "They are all very good and will do any little thing to help. They let me do things for myself as far as possible. All the staff are courteous and polite." A relative said, "[Person] is used to the staff and asks when they are next coming. They always close the bathroom door to protect their privacy. They are all friendly and make the time to have a little chat with [Person]."
• Staff were able to tell us about ways to protect people's privacy and dignity when providing care, such as using towels to keep them as covered up as possible and closing curtains.
• People's care records identified people's strengths, so their independence could be maintained.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

• When people joined the service, they had an assessment which gathered information about them which was used to write their care plans.

• Care plans were written in person centred way including information about people's likes and dislikes, life history and preferred routines. This helped the service provide person-centred care, which means care that meets each person's individual needs and preferences.

• People told us they received person-centred care. One person said, "They help me with everything and anything I need. They are always polite and courteous, and they have got to know me and my routines." A staff member told us, "One person has a little ornament they like, they broke it, so we got them a new one." Another staff member said, "Person centred care is about making it personal for the client, doing what they want and keeping them connected to their lives."

• Feedback from people confirmed they received reviews of their care and support to make sure it was still meeting their needs. A relative said, "There is a review arranged as the care plan needs some changes. They do adapt as things change which is good."

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 told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans in an easy read format or using translation services to communicate with people who did not speak or understand English.

• People's communication needs were included in their care records. Staff we spoke with were able to give us examples of people's preferred communication. A staff member said, "We have used flash cards, writing things down and showing different choices to support people with communication."

Improving care quality in response to complaints or concerns

•Systems were in place to respond to complaints and concerns. Past complaints had been dealt with appropriately. A number of complaints had been made about visit times. The manager explained where possible they responded to people's preferred call times and the introduction of the electronic system had reduced these issues significantly. We received feedback from two people who still had concerns about their visits and the manager told us they would be arranging reviews for both people.

• The manager told us that in response to past concerns raised, some people now received a copy of the rota

and the office would try to ring people to advise them if care staff would be late.
• The manager had identified communication needed to improve and feedback we received about the office was mixed. One person told us, "The office often calls to see if I am ok. I have had no complaints but if there was an issue I think they would listen." A relative told us, "When we had issues with the hygiene they were helpful and sorted it out immediately. You can get through to them and they do listen. I am not sure if there is a care plan, but we do get a rota which is helpful." However, another relative said, "I have spoken to them at least six times now about the call times and they just don't respond. They say it will be dealt with, but it hasn't been."

End of life care and support
• The service was not currently providing any end of life care and support. However, sometimes as people's health deteriorated, the manager told us end of life care may become necessary. Staff had received some basic training in end of life care as the topic was covered during induction, but this was not detailed.
• People's preferences regarding end of life care arrangements such as funeral plans was not discussed and recorded in people's care plans. The manager told us these discussions may take place at review if appropriate.

We recommend the provider seek independent advice and guidance regarding best practice to support people about end of life care needs and preferences.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• People's feedback regarding the service was generally positive. One person said, "I would recommend them and see nothing that needs to be improved upon. We are quite happy with their service." A relative said, "I am not sure who the manager is, but they are good if you phone them about anything. There is the odd glitch, but it seems well run overall. I would recommend them. They give care to a good standard and we are grateful for the care that [Person] receives."

• Satisfaction surveys had been sent to people by the provider requesting their feedback on the service. One recorded, "[Named staff member] is always so friendly and helpful, could not ask for a better carer."

• Regular team meetings were held. One staff member said, "They cover quite a range of topics. Any changes to our clients or if something has gone wrong. They don't name anyone, but they say this isn't to be done anymore and get our feedback. Our meetings cover all sorts of things."

• There was a system to reward good practice. A carer of the month scheme recognised when staff went the extra mile.

• Staff were positive about working at the service and told us it was a good company to work for and they felt well supported by the management team. One staff member said, "We are good at the moment we all contribute and do our bit." Another staff member said, "[Manager] is brilliant and will come out and do visits with us if needed."

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 manager and senior staff were open and transparent throughout our inspection. They responded to the feedback we received and were able to provide information relating to two people that had concerns straight away.

• The provider understood when they were required to notify CQC and records showed CQC had received statutory notifications for events such as injuries and safeguarding allegations. Where an issue had arisen which the provider was unsure of, they had sought advice to ensure any potential issue would be reported as required.

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

• At the time of the inspection, a new manager was currently applying to become the registered manager.

The previous registered manager had been appointed as an operations manager for the provider and they were supporting the new manager.
• Despite not having a registered manager in post, a clear management structure was in place and staff were aware of their roles and responsibilities. One staff member said, "The manager is amazing. They approach you like a friend if you need that, but they are there as a manager as well. They have their head where it needs to be."
• The management team and senior staff completed regular audits of medicines, care records and visit processes to monitor the safety and quality of the service. They identified where improvements were required.

Continuous learning and improving care; Working in partnership with others
• The service was able to demonstrate they were working in partnership with others, such as social workers, GP's and district nurses.
• The provider had responded to concerns about medicines and late calls and recently introduced an electronic system to provide them with greater oversight. The manager told us they had seen a significant reduction in medicine administration errors and now had a clear oversight of call times.