Nouveau Care 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger adults, people living with dementia, or those with sensory impairment or physical disability. At the time of our inspection visit, three people were using the service.

CQC only inspects the service being received by people provided with 'personal care' such as help with tasks related to personal hygiene and eating. We also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to meet people's needs and a robust recruitment policy in place. The staff were aware of safeguarding procedures. There were risk assessments in place with guidance on how to mitigate risks to people, in respect of falling, mobility and equipment.

People were supported with their medicines where required, however improvements were needed around the recording and care planning of 'as required' (PRN) medicines.

Staff had undertaken qualifications and training relevant to their role, however we have made a recommendation around further training when the service employs new staff. There was a comprehensive induction process in place.

Staff supported people to have a healthy balanced diet and to drink enough if this was needed. They were responsive to people's changing needs, and assisted them to access healthcare when required.

The service worked with other organisations to meet people's needs, including sharing information and gaining advice. They provided compassionate care, including to people towards the end of their lives. People were treated with dignity, and their privacy respected.

Relatives were involved in people's care planning and delivery. People's choices were respected and staff promoted people's decision making and independence. They understood people's mental capacity and sought consent before delivering care to people.

There was good leadership in place and the service sought feedback from people in order to improve. They had quality assurance systems in place and the registered manager was aware of their responsibilities.

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.

Staff knew how to mitigate risks to people and risk assessments were in place, however not always for people's health conditions.

There were enough staff to meet people's needs.

People received their medicines as prescribed, where supported to do so.

Is the service effective?

Good

The service was effective.

Staff had undergone training relevant to their roles.

People were supported to eat a healthy balanced diet where supported with their meals.

Staff assisted people to access healthcare and worked with other organisations to provide good care.

Is the service caring?

Good

The service was caring.

Staff were compassionate and included people and their families in their care.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good

The service was responsive.

Staff supported people in a responsive, sensitive and kind manner towards the end of their lives.

The service was flexible around people's changing needs, and

care was person-centred.

Is the service well-led?

Good

The service was well-led.

People knew who the registered manager was and they were available to people.

There were systems in place to monitor the service and make improvements.

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Detailed findings

Background to this 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.

This inspection took place on 27 November 2017and was announced. As the organisation provides care to people in their own homes, we gave them 2 working days' notice so that we could be sure someone would be available to speak with us.

The inspection was carried out by one inspector. This was the first comprehensive inspection carried out on this service.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection, we spoke with one person using the service and two relatives. We spoke with the registered manager and the director of the organisation who also delivered care to people, and looked at two people's care records. In addition, we looked at some records relating to the running of the service such as quality assurance systems. We also looked at the Medicines Administration Records (MARs) for one person who the service had delivered care to.

Good

Is the service safe?

Our findings

There were safeguarding systems in place and the person, as well as relatives we spoke with told us people felt safe using the service. The registered manager explained to us what types of concerns they would look out for that may indicate a person was experiencing abuse and therefore required reporting. They also gave an example of when they had sought advice from the safeguarding authorities, demonstrating to us that they were familiar with safeguarding procedures.

There were risk assessments in place for people, which guided staff on how to mitigate risks to people. This included risks to people's health such as the risk of developing pressure areas, and risks to do with people's mobility and risks of falling. We saw that detailed risk assessments were not always in place for people's individual health needs, such as diabetes or dementia. Although the registered manager and the director told us how they mitigated risks associated with people's health needs, there was a risk that new staff may overlook some risks. The director informed us they would review risks assessments and care plans in respect of these health needs. At present, risk were mitigated because only the director and registered manager were delivering care to people.

People's own environments had also been risk assessed with guidance in place so that staff could deliver support in people's own environments in the safest way.

When incidents occurred such as someone having a fall, the registered manager ensured appropriate action was taken. This included recording and reviewing the incident and making any adjustments to care plans and risk assessments if needed.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The registered manager and director explained that they only obtained care packages that they could cover. There had been no missed visits. The registered manager and director currently covered visits. We discussed a contingency plan for cover if a member of staff was ill or unable to work, and the director informed us that one person would then carry out the visit, but they had plans to recruit staff in order to expand their service as well as cover shifts.

There was a safe recruiting policy in place, with some checks which contributed to people's safety, for example the Disclosure and Barring Service (DBS) check. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. The director told us they would ask for at least two references, employment history and check identification when employing new staff.

People received support with their medicines when they needed it and the registered manager had undergone training in this area. Medicines were managed safely and recorded. However, there were no specific protocols in place for 'as required' (PRN) medicines. This is advisable to minimise the risks of medicines being administered inappropriately. We discussed these with the registered manager who told us they would be put in place from now on. At the time of our inspection visit, only the registered manager

and director were administering medicines and they were able to tell us when they administered PRNs, so we concluded that at this time, the risks associated with not having PRN protocols in place were minimal.

Good

Is the service effective?

Our findings

People's care needs were assessed prior to starting with the service so that the staff could be sure they were able to deliver the care required. They also approached health care professionals for further information at this stage if needed, and developed a plan of care from the information gathered. The initial assessment included information about people's mobility and care needs, as well as equipment they may require. The PIR sent to us from the provider outlined the importance for supporting people with their diverse needs, and ensuring the service maintained equality for people, for example in respect of their religious needs. Where relevant, this was included within initial assessments.

The person using the service we spoke with said, "Oh definitely, [staff] are well-trained." All of the relatives we spoke with told us they had confidence in the ability of the staff, one describing them as, "Very efficient." Staff were supported to undergo qualifications such as the Care Certificate, which outlines a national set of standards in health and social care.

The registered manager had completed a relevant management health and social care qualification and the director had completed the Care Certificate. This is a national set of standards in health and social care. This also included training in moving and handling. They told us they planned to undertake further training in palliative care.

The registered manager and the director were currently the only staff undertaking care duties, and we discussed training requirements for new staff when they recruit. Further training plans included manual handling and first aid practical training sessions.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of the people who use the service.

The service was small when we inspected and had not yet employed staff to undergo an induction period. The registered manager told us new staff would shadow until they were deemed competent, and were confident, in their role. The registered manager showed us how they recorded supervision. Supervision is a discussion between staff and a senior, which allows an opportunity for staff to discuss their role and any training needs.

The registered manager and director gave us examples of how they supported people to eat a healthy balanced diet when they supported people with their shopping and meals. They also explained that if they had concerns about a person's weight or fluid intake, they would record this information in order to analyse the amounts. They gave an example of one person, who they had begun to record their fluid intake to assess how much the person was drinking, to see if they required further support.

A relative explained to us how the staff worked closely with the community nurses and GPs if needed, to share information and follow any recommendations given. The registered manager told us they approached community nurses, GPs or occupational therapists (OTs) for advice when required, and worked with other

organisations where needed. They also worked closely with the warden of a supported living complex to share knowledge and ensure they provided a high standard of care to one person.

Staff supported people with accessing healthcare whenever they needed, which included organising appointments and referrals, and attending home visits with healthcare professionals. The person using the service told us, If [registered manager] thinks I need to see a doctor or anything they'll help me." A relative told us, "[Staff] don't hesitate to contact medical professionals." We also saw from people's daily records, that staff called for medical assistance if needed, for example when one person was in pain.

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. The registered manager explained how they followed these, for example, with one person they supported who was living with dementia. They told us how they worked closely with the family and the person, to support decisions made in the person's best interests when their capacity was variable.

Good

Is the service caring?

Our findings

The person using the service told us, "[Staff] are a pleasure to talk to." They went on to say, "I feel [staff] are very trustworthy." They told us they felt they could confide in the staff about anything, and felt they would be listened to. One relative told us, "[Staff] are very caring people." Another relative told us, "[Staff] are passionate about what they do." The registered manager gave us an example of their consistency, "[Person] knows us [staff] well and knows who is coming which day and it works well." This was reflected by a relative who told us they felt more confident because they met the staff who would be providing the care at the initial stages of their relatives' care planning. Another relative said they felt staff went above and beyond their duties to meet the complex needs of their family member. They said, "It didn't matter what time of the day or night it was, [staff] were always there."

The staff ensured they only took on packages where they were able to meet the person's needs in a way that was consistent. This meant they visited the same people and got to know them over a period of time. When we discussed the people using the service, the staff demonstrated to us that they knew people well.

The person and relatives we spoke with reflected that they were involved in the care, for example, one relative explained that they met with staff regularly to go through how their family member was. One relative explained how staff gave them a daily verbal handover when needed, about their relative, and care delivered that day. Another told us, "[Staff] are great with leaving messages, very quick at getting in touch." Staff used communication books in order so family or visitors to people could leave messages for them if needed, and so care staff could leave messages for people. We saw from the care plans that family members had been involved and care was discussed with relevant people.

People were given choice of how care was delivered and discussed it with staff. The staff gave us examples of supporting people to make their own decisions, and demonstrated to us that they understood the importance of choice. Staff respected people's dignity and privacy during all care provided.

A relative explained how staff supported their family member to increase their mobility and coordination by doing exercises with them. The staff gave us examples of how they promoted independence, for example by prompting people where needed and providing more support where necessary. They said, for example, that they made meals ahead when people wished so that they could have these when they wished.

Good

Is the service responsive?

Our findings

Staff explained how they worked with people to ensure they maintained as high a quality of life as possible, by supporting them according to their changing needs. They were flexible if more visits or time was needed. Care records contained information about people's needs including in respect of nutrition, mobility, communication and personal care needs. The care records covered people's individual health conditions, although more information was needed about these, regarding risks. We discussed where more detail in some areas of the care plans would benefit unfamiliar staff, and the director and registered manager assured us they would review some areas. Staff knew people's needs well.

The registered manager gave us an example of meeting one person's specific needs around a condition and working with the family in order to provide the person with individualised support. This also included keeping a diary and recording associated factors, and this was then used to monitor the person in order to meet their needs most appropriately.

The person using the service told us staff came at the agreed times, and this helped them to engage in activities. They said, "[Staff] always make sure they can get me ready and picked up on time", as they attended a day centre on some days.

During their visits, the staff also attended to further areas of support for people which enhanced their wellbeing and health. For example, one relative told us how they were supporting their family member to complete a regular exercise regime, and this was having a positive impact on their mobility.

The service supported people in a responsive manner at the end of their lives. A relative explained to us how staff had ensured their family member was comfortable and their preferences were met, towards the end of their lives. They also stated that the staff were flexible and altered their hours and times as needed depending on the needs of the person. They went on to say that the knowledge of the registered manager around end of life supported them to understand what was happening to their family member, and provided reassurance. The relative also told us the staff responded in a timely and sensitive manner when their family member was experiencing pain. The PIR also contained information about the advance care planning around end of life, which we found to be effective.

The person we spoke with said, "I haven't got any complaints." There was a complaints policy in place, and people and their relatives told us they knew who to go to complain. The registered manager said they encouraged people to raise concerns if they had any. Everybody we spoke with was happy with the service and there were no complaints.

Good

Is the service well-led?

Our findings

There was good leadership in place and people received a good service. The registered manager was accessible to people using the service, regularly carrying out care visits as part of their role. The person using the service told us they would recommend the service. A relative told us the registered manager was, "Very approachable and flexible." They went on to say, "I have been very impressed and would strongly recommend them to anyone else." Relatives we spoke with and the person using the service told us the staff were passionate and motivated.

A relative of a person who had used the service told us that staff kept very effective records, including those of administering the medicines so they could see exactly what was administered and when.

There were systems in place to monitor, analyse and improve the service, for example surveys for people using the service. These had not yet been put in place as the service was relatively new, however they were ready to go out to people using the service. We saw a compliments card from a family member had been given to the staff. The registered manager had a good oversight of the care plans and related documentation, such as the MARs.

The service had so far not been able to carry out significant audits or measure their performance in any meaningful way due to being new and starting with just two staff members. However, they told us in their PIR, and we discussed further in the inspection visit, that quality assurance systems would be in place. The registered manager had improved their training and sustained good knowledge of current best practice through this.

The registered manager was aware of what their responsibilities were in terms of reporting incidents to CQC.

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed.