

Nouveau Care Ltd

Nouveau Care

Inspection report

125 Ber Street
Norwich
Norfolk
NR1 3EY

Tel: 01603765875

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nouveau Care is a domiciliary care agency which provides the regulated activity of personal care to people in their own homes. At the time of our inspection there were 19 people using the service. 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 did not always receive care in line with their expectations as they said calls were not delivered at agreed times and they were not always informed if staff were running late. Most people and relatives were happy with the service but said time keeping was an issue with carers coming within a 2-hour window. Some people said they had minimal contact with the office and not all remembered receiving a survey or review of their care.

Care plans and risk assessments were not completed in sufficient detail where a person had additional health needs or risks associated with their care. This meant staff might not have enough information to provide safe care.

The managing director and registered manager did not have sufficient oversight of the service. They told us that staff were required to send an alert through the electronic recording system if there was a change in a person's need or identified risk. This by itself was not a reliable way to monitor the safe delivery of care. Reviews of care plans took place, but these were usually triggered by a change in need rather than regular scheduled reviews.

Staff spot checks were conducted by a senior member of staff when they were covering a care call with another carer. This meant there was not sufficient time or privacy to talk to the person about the care they received or the staff member about their understanding of the care being provided.

Auditing of medicines and staff competencies to administer medicines was not sufficiently robust and left people exposed to the risk of harm.

The registered manager had failed to submit all notifications and safeguarding concerns to CQC as required by regulation. This meant they had not understood their regulatory responsibility and had failed to ensure there was sufficient oversight of incidents and safeguarding concerns. Following the last local inspection, the provider completed an plan to identify and monitor required improvements but during a follow up visit only some improvement had been made.

There was a lack of analysis of accidents, incidents, and safeguarding concerns to consider what actions were in place or what actions could be put in place to reduce further incidents occurring. This increased the

risk of avoidable harm to people.

Policies were accessible but were not regularly reviewed to ensure they were up to date and included all the required information.

The manager and the managing director were happy to take on feedback and share information.

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. Mental capacity assessments were completed but did not clearly show how people participated in decisions made and when they should be reviewed. This meant the principles of the MCA were not being correctly followed to adequately safeguard people.

Electronic systems were used to record people's care and to monitor risk and ensure scheduled visits took place. Care staff respected people's privacy and followed good infection control principles. Rotas were issued so people knew which carer was visiting and feedback about carers was positive.

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

Rating at last inspection

The last rating for this service was good, published 14 December 2017.

Why we inspected.

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to the lack of notifications and other aspects of the day-to-day management of the service. This was a focused inspection and we looked at Safe, Effective and Well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires improvement.

We have found evidence that the provider needs to make improvements in Safe Effective and Well led. Please see the relevant key questions of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nouveau Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches of regulation in relation to the assessment of risk, staff competencies and medicines and also in relation to the management and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Nouveau Care

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

2 inspectors carried out this inspection and an Expert by Experience. An Expert by Experience who 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed people's consent to talk to them prior to the inspection visit.

Inspection activity started on 17 August 2023 and ended on 24 August 2023. We visited the location's office on 17 August 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 information gathered as part of monitoring activity that took place on 12 May 2023 to help plan the inspection and inform our judgement. We also acted on information received from the local authority. We used all this information to plan our inspection.

During the inspection

We looked at 5 people's electronic records. We looked at staff training and recruitment. We spoke to 3 staff on site, the registered manager, and the managing director. We looked at other records relating to the oversight and management of the service. The Expert by Experience spoke to 11 relatives and people using the service. Following the inspection, we continued to ask for clarification and additional evidence.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection, the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong.

- Electronic care plans and risk assessments were in place, and these were reviewed periodically. Information was limited and did not ensure all staff would know exactly what was expected of them, what the risks were and how to mitigate them. There was unclear guidance for staff when supporting someone at heightened risk of choking. For example, although the care plan referred to a speech and language assessment this was not available in the care plan and risks associated with the person having the wrong foods had not been explored. This placed people at an increased risk of harm.
- Fire risk assessments were in place but lacked detail of what the actual risks were associated with fire and smoking and what control measures were in place to reduce the risk. Manual handling plans and maintaining people's skin integrity was not sufficiently clear. For example, 1 plan stated that the occupational therapist had advised not to move person from the bed to the chair. This instruction was not dated. Further down the care plan it stated they could sit in their own chair for up to 4 hours but gave no details of repositioning. This information was conflicting and confusing for carers and could result in omissions or incorrect care being delivered.
- Where people were taking medicines but did not require assistance with them there was no guidance for staff about what people were taking, possible side effects of medicines, such as increased risk of falls or how to monitor medicine administration in line with people's needs.
- Learning from incidents was not sufficiently robust as there was limited analysis and understanding of why incidents occurred and how they could be reduced. This did not assure us that the likelihood of further incidents was adequately reduced.

Using medicines safely

- People were at risk of not receiving their medicines safely. Training and oversight of staff's medicine practices were not sufficiently robust.
- Staff received medicines training which was refreshed annually but medicine competencies were not completed on a regular basis and not all staff had spot checks to observe them administering medicines to ensure they were doing it safely. This placed people at an increased risk of harm.
- The service was using Norfolk County council medicines policy which had not been reviewed for several years and the service did not have their own local policy.
- Concerns relating to the supply of medicines had been flagged up with the local authority, but the risks associated with missed medicines had not been carefully analysed and risk assessments put in place regarding missed medicines due to lack of supply. There were no clear contingency plans in place for this.
- Monthly medication audits were not sufficient, and it was not clear what evidence was used to reach the judgment. Action plans were generic and best interest decisions were in place regarding a number of

people's medicines but were not reviewed regularly or show discussion with other relevant parties.

There was limited assurance about the safe delivery of care and the management oversight of risk which could place people at risk of avoidable harm. This was a breach of regulation 12 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes were in place to help staff support people safely and protect them from the risk of harm and, or abuse. The management oversight of notifications and safeguarding concerns needed to improve. The safeguarding log gave details of incidents, and actions taken but some notifications had not been referred to CQC in a timely way.
- Financial safeguards were not adequate. The financial policy did not reflect the current practice of the service. Some people required support with finance/ shopping and there was guidance in place including photographing and uploading receipts. However, the financial policy did not clearly detail the current processes in place or consider risks associated with this type of support. For example, it did not cover the use of 'loyalty points.' It also stated staff should never use people's credit cards which they did. This meant staff and people using the service were not completely protected from the risk of allegations or financial abuse.
- Feedback was positive with people and their relatives told us they felt safe. One relative told us, "The carers are very good, kind and gentle, never any sign of abuse." A person using the service told us, "I do feel very safe, they are great with my dignity and respect."
- Staff spoken with demonstrated a good understanding of types of abuse and what actions they should take to protect people. Electronic records included an alert which would immediately flag up a concern which could be remotely accessed and actioned by senior management or the managing director. Staff said they would also contact the office.

Staffing and recruitment

- There were enough staff to deliver the regulated activity of personal care. However some people expressed call times could be erratic which affected their confidence in the service.
- Recruitment processes were sufficiently robust to ensure staff employed were suitable to work in the care sector and had all the appropriate checks and paperwork in place. This included staff recruited locally and from overseas.
- One relative told us, "Some new lovely carers recently, seamless transfer over, they visited initially with the established carers, Mum likes the variety of staff." A person using the service told us, "We have got used to the visits now, lovely ladies."

Preventing and controlling infection

- Good hygiene practices reduced the risk of cross infection. Staff told us they were issued with uniforms and had a regular supply of personal protective equipment (PPE). Spot checks on staff helped ensure staff were using PPE as required.
- Everyone spoken with confirmed staff wore uniforms, gloves, and aprons. Some staff chose to wear a mask. There had been no reported infections and staff had PPE training.

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 our last inspection we rated this key question Good. At this inspection, the rating has changed to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The initial assessment was not sufficiently robust to clearly identify the level of risk and have clear actions stating how to reduce the risk. The risk assessments and care plans were not regularly and systematically reviewed to ensure the plan of care accurately reflected the person's needs.
- The managing director had not established people's expectations from the service to set clear care objectives. Therefore, we were not assured people's care needs were met in line with their preferences.
- A relative told us, "Staff are very quick at picking up any problems and phoning or e-mailing me, some have even contacted the GP, excellent at taking on the responsibility."

Staff support induction, training, skills, and experience

- Staff were not sufficiently observed and supported in their role to ensure that they had the necessary skills and competencies for their job role and could deliver safe, effective care. New staff completed online training, an induction and the care certificate which covered all the agreed national induction standards. However, we were not able to see how staff competencies were assessed. Spot checks were infrequent and there was poor development and learning.
- Access to external training and role specific training was limited. There were no champions or train the trainers amongst the staff team.
- The managing director employed a trainer who was delivering a 1-day face to face training for staff.. We spoke to the trainer who was well connected and had access to a range of learning materials. They were able to provide training and assess competencies around manual handling, medicines, and first aid. However, it was not clear how staffs ongoing practice in people's home was assessed to ensure they had embedded their learning. For example, 1 person said about their catheter care and how sometimes the tube was left twisted meaning the urine could not flow correctly. The trainer confirmed they completed catheter care training in a training environment, but carers were not assessed when in people's homes to ensure correct care was being delivered.
- Feedback from people using the service and relatives was mostly positive about the care and support provided.. A relative told us, "Staff are well trained, we have no complaints, nice bunch of girls who understand [family member's] needs, always check they are okay and taken their medication, no meals needed." A person using the service told us. "Carers are well trained, can take a while to feel comfortable with new ones who shadow another member, they get to know and understand me, never feel they are rushing."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, 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 not working in line with the principles of MCA. This was identified during a recent external audit by the local authority who found mental capacity assessments were not in place as required. These have since been implemented but were not robust and did not cover all specific decisions relating to people's care or show how people and those with authority to act on people's behalf had been properly consulted. MCA decisions were not regularly reviewed in line with people's changing needs.
- People told us carers treated them with dignity and respect, always asking consent before providing personal care.

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

- People were supported to maintain their nutrition and hydration sufficient to their needs and this was monitored if required. We noted one person had specific dietary requirements documented but not all staff were adhering to the care plan. Inconsistent practice could put the person at risk.
- Relatives and people commented that staff were flexible in their approach and supported people with meals and drinks as appropriate.

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

- The managing director had not demonstrated they always worked effectively with other partners. Partnership working helped ensure people received seamless care. There had been missed opportunities to report and share information such as concerns around skin care.
- The service collaborated with other professionals such as the GP and district nursing services. Family members told us the staff identified changes in need and flagged these to the manager or other agencies where appropriate.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not firmly established and there was poor assessment and oversight of people's daily care to ensure they received a high quality, safe service. For example, medication audits were not robust, and we were unable to see evidence of what was assessed when reviewing staffs medicine competencies. Training was in place, but spot checks were not completed regularly, and people did not receive regular reviews of their care.
- During our inspection we identified issues around the service delivery including late running calls and previously missed calls and a lack of effective auditing. These had not been identified by the registered manager and managing director which demonstrated their poor-quality assurance systems.
- We followed up on concerns raised by the local authority and improvements were still required. During our inspection the managing director told us about the changes being implemented but also about the difficulties of staff recruitment and retention. We found the management team consisted of 2 senior members of staff, 1 new to post the other lacking role specific training which could impact on their assessment of the quality of the service.
- Systems of formal and informal support for staff were not well developed to ensure staff felt supported and able to raise concerns and any performance and training issues could be quickly identified. This could impact on the quality of care.

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

- Statutory notifications were not always sent to the Care Quality Commission (CQC) as required by law. This was addressed and the registered manager was able to demonstrate actions taken regarding recent incidents and safeguarding concerns.
- Records showed that systems and processes were followed in response to complaints and incidents.
- Lessons learnt were not clearly evidenced in terms of disseminating information across the teams. This meant that staff did not have access to all information needed to improve practice when something went wrong.
- The managing director understood their responsibilities around duty of candour but had not always identified and therefore resolved issues quickly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive, and empowering, which

achieves good outcomes for people.

- Poor quality assurance processes meant the managing director was not capturing or acting on people's experiences. Some people remembered being asked to give their feedback about the care they had received, others could not recall being asked or as having much contact with the office but relied and trusted the carers.
- We asked the registered manager for the outcome of surveys sent to people and their families. We were given feedback sheets, but this information had not been collated and there was no mechanism in place to feedback to people using the service to tell them what improvements had been made to the service based on their feedback.

The provider had failed to ensure the service was always well planned and well led in the interests and safety of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans had sensitive information about how people would like their care to be delivered and any considerations such as preferred gender. Most people and relatives were complimentary about the carers and said they were kind and they felt safe.

Continuous learning and improving care: Working in partnership with others.

- Electronic technology had helped to promote the service and created a live system which could be remotely monitored. The manager relied on staff to call and send alerts if a person's needs changed or if there was an increase in risk. There was a lack of management oversight of people's needs and care delivery.
- We asked the managing director to consider what information they use to identify service improvements and how they feedback to stakeholders. We were advised telephone calls were made to relatives and surveys were issued but staff exit interviews, staff appraisals and feedback from professionals was not routinely collated as part of their overarching quality assurance and the managing director did not actively give feedback as a result of information received.
- There were no other community initiatives we were made aware of such as dementia friends, supporting people with the uptake of coffee mornings and other recognized events on the social calendar. Some of the staff were new to the country and would need help with orientation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was insufficient oversight of risk associated with people's care and support including medicines and ensuring staff were sufficiently competent to deliver safe care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was insufficient oversight and governance of the service to ensure people received safe care and systems in place to improve the quality of care being provided.</p>