

Novus Care Limited

Novus Care Limited - Godalming & Live in Care

Inspection report

Unit 6 Home Farm
Loseley Park
Guildford
GU3 1HS

Tel: 01483351220

Date of inspection visit:
20 September 2021
29 September 2021

Date of publication:
27 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Novus Care Limited – Godalming & Live in Care is a domiciliary and live in care service providing personal care to people living in their own homes. At the time of inspection, the service was providing support to 30 people.

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 had not been receiving a good standard of care, or at their preferred time. Support calls had often been carried out in half the time allocated. When complaints had been made, people hadn't received a timely or adequate response.

Care plans did not include information to guide staff how to provide safe care and support. Risk assessments lacked detail about specific conditions, and guidance for staff on how to reduce risks were not included.

Management oversight had not been effective in identifying issues.. There were no recording process for complaints received and some accidents and incidents records were missing. The relevant authorities had not always been notified of reportable events.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 3 October 2019).

Why we inspected

We received concerns in relation to staffing levels and management oversight. As a result, we undertook some direct monitoring activity followed by a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to Requires Improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care, staffing and governance at this inspection.

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 for 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 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?

The service was not always safe.

Details are in our safe 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 ●

Novus Care Limited - Godalming & Live in 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the Provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 September 2021 and ended on 29 September 2021. We visited the office location on 20 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We carried out some direct monitoring activity prior to the inspection which provided us with views of people, relatives, and staff

as well as local commissioners and the local authority. We also looked at various documents and records and held an interview with the registered manager.

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. We used all this information to plan our inspection.

During the inspection

We spoke with two people and four relatives about their experience of the care provided. We spoke with four members of staff including the manager and the operations manager. We reviewed a range of records including four staff files in relation to recruitment and supervision, call logs, four care plans and associated risk assessments. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and made further calls to one person, three relatives and three staff.

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 requires improvement. At this inspection this key question has remained the same. 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; Using medicines safely; Learning lessons when things go wrong

At our last inspection we recommended the provider consider current best practice guidance on the management of medicines in domiciliary care settings.

- Support plans did not contain detailed risk assessments to guide staff on how to reduce people's risks. For example with diabetes, falls, catheter care and risk of choking. Some support plans had conflicting information such as one person's moving and handling plan stated that they could move independently but another part stated that the person required assistance as they struggle to stand unaided.
- Another support plan for a person at high risk of getting pressure sores contained no information on action staff should take to reduce those risks. There was no guidance on what staff needed to look out for.
- The provider had not maintained records of incidents and accidents adequately. There was no system in place to record actions taken or themes identified. Incidents had not always been notified to the relevant authorities, such as CQC. One relative told us following a recent fall, the office had planned to investigate and inform them of the outcome. They had not received any updates as promised.
- Staff we spoke to felt confident about reporting incidents and accidents, but some commented the office had been disorganised and communications had often got lost or not been passed on effectively. They told us that this appeared to be improving since the new manager had been appointed.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people had been assessed or effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had reviewed all care plans immediately following our inspection and had updated people's risk assessments. They had communicated updates through the electronic care management systems to staff. Staff we spoke with confirmed that risk assessment updates had been updated in the days following the inspection.
- Staff had been trained in how to administer medicines and had spot checks regularly to check their competence. Where medicine administration errors had been identified, the manager had spoken with the staff member and refresher training arranged for them.
- Care plans included guidance for staff on administering PRN medicines. These are medicines that are just used 'as and when required'. The guidance explained to staff when the person may require it, what signs to

look for, the dosage and what the benefits were of that medicine.

- Staff we spoke with felt confident in giving medicines and said the electronic system showed them which medicines were required and when to administer them to people. One staff member said, "Any new medicines will come up as an update on our system." Medicine administration records had been audited weekly and checked by the manager. Any actions had been addressed with staff concerned.

Staffing and recruitment

- The provider had not ensured that people had been supported at a time they preferred. One relative told us, "he doesn't get his 45 minutes and sometimes they arrive at 7am and sometimes 11am." One staff member said, "People are not getting calls when they want them. They repeatedly say they don't want them at this time."
- People had not been contacted to let them know when staff were going to be late. One relative told us on one occasion they had to leave their job to support their family member as no carer had turned up. There had been no answer when they called the on-call number and left messages but had no response. The carer had arrived two and a half hours after the planned call time.
- Care call logs showed that support calls were routinely shorter than the allocated time. Records showed inconsistent staff allocation with one record showing that a person had been supported by 11 different carers over a five-day period.
- Staff were not recruited safely. Recruitment checks had been carried out to verify potential staff's identity and had been checked by the Disclosure and Barring Service (DBS). Gaps in applicant's employment histories had not been explored which could indicate areas of concern. References provided were not always robust as some had been completed by friends or acquaintances.

Systems were either not in place or robust enough to ensure safe staffing levels. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager had made some changes to improve the inconsistency with calls. They had reduced the alert time in the electronic logging in and out system so that the office would receive an alert when staff were late to calls.
- Staff training had been kept up to date using a matrix system. Mandatory training for staff included first aid, infection control, safeguarding, moving and handling as well as other topics. New staff worked with more experienced staff in their first few days to familiarise themselves with the job role. One person told us, "When a new member of staff comes, they shadow an existing member of staff."

Preventing and controlling infection

- People told us they felt confident that staff protected them from infections. One person said, "Their infection control practices are good, they always wear PPE." Personal protective equipment (PPE) is worn by care workers to protect people from infections. Another told us, "They always wash their hands, and always wear a mask."
- Staff had received training in infection control and understood the risks and how COVID-19 is transmitted. Staff had been tested weekly for COVID-19 and completed an assessment of their individual risk factors with the manager.
- The provider had adequate stocks of PPE for staff to use such as face masks, disposable gloves, and aprons. Staff confirmed they could get new supplies when needed, "We have plenty of PPE."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us a mixed response when we asked if they felt the service was safe. One

person said, "The staff are trustworthy." A relative told us that despite raising concerns about out of date food being left in the fridge, this hadn't been addressed and could result in food poisoning for the person they support.

- Records showed staff had received training in safeguarding. Staff understood the signs that could indicate abuse and they felt able to raise concerns with the office or to external organisations if necessary. One staff member said, "If I had any concerns I would let someone know - I know the signs to look for."

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 now deteriorated 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; Continuous learning and improving care

- The provider did not have effective systems in place to check timeliness and duration of support calls which meant people had not received the support in the way they required. People we spoke with said there were irregular and unsuitable support call times. One person said, "They still don't turn up at the right time. The rotas don't match what actually happens."
- People had not been notified when staff were running late to a call, and some staff arrived at the correct time according to their rota but that amended time had not been agreed with the person themselves.
- People had made complaints, but these had not been recorded and on some occasions not responded to. One relative told us, "I phoned up about unsuitable bedtimes. They didn't get back to me but kept saying they would sort it out." Another said, "It just seems that the office has gone downhill." Another said, "I have complained about mouldy food being left – the carers just leave it and it goes off. I leave plenty of notes, but they take no notice."
- Reviews and spot checks had been carried out to check the quality of care, however actions had not always been taken as a result. Where staff performance was unsatisfactory, action had not been taken to address this.
- Quality assurance audits completed had not identified concerns found during the inspection.

The quality assurance system had been ineffective in identifying the shortfalls of the call planning systems which placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The concerns highlighted throughout this report demonstrate the culture and ethos within the service was not person-centred. The provider and registered manager had not ensured the fundamental standards of quality and safety in people's care.
- People told us although the staff are mostly caring and kind, they felt the management were not supporting or valuing the staff. One person said, "The carers just don't feel valued by the company. The company they work for has let them down." One relative told us, "The regular carers have a good rapport with mum, they make her feel better and brighter. 65% of the staff are excellent."
- Staff were optimistic about the future and felt changes were already making a difference, "When I started it

was much less organised, but now we have a new manager it's getting better." Another staff member said about the new office arrangements, "The new manager is very supportive" and "they [the office staff] seem on the ball."

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 new manager was aware of their regulatory requirements to notify CQC and other agencies when incidents occurred which affect the welfare of people who use the service.
- Due to the lack of records of complaints and incidents, we were unable to see any evidence of the provider being open and honest with people when things went wrong.

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

- People had recently been sent feedback questionnaires by the manager. Previous client survey feedback forms had been used but not been acted upon. One person said, "I haven't received a feedback form yet, but I don't think they would take any notice of what I say anyway."
- Staff we spoke with had mixed responses about feeling involved in the service. Newer staff felt more involved and supported, existing staff felt that changes are necessary. One said, "The office team need to communicate better and work together as a team to improve things. They need defined roles so they are more accountable."

Working in partnership with others

- The service worked effectively with a range of health care professionals such as GP's, district nurses and therapists as well as commissioners and hospital discharge teams.
- Staff understood when and how to share information appropriately to get additional support. One relative told us, "They pointed out that they had noticed a rash and I was then able to get a GP to take a look." One staff member said, "Sometimes we have to call the district nurse or chase up pharmacy medication."
- The manager had good links with care organisations which they used for support and guidance, such as Surrey Care Association, Skills for Care and social media support group membership for managers.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate risks to people were assessed and effectively managed
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems to assess, monitor and improve the service were robust. Management oversight was not evident over key aspects of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure safe and suitable staffing levels to meet people's needs