

# New Dawn Healthcare & Employment Limited

## New Dawn Healthcare - Unit 18 Blackheath Business Centre

### Inspection report

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Date of inspection visit:  
04 October 2022

Date of publication:  
02 December 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

New Dawn Healthcare is a domiciliary care agency. The service provides personal care and support to 14 people. Not everyone who used the service received personal care.

The Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

### People's experience of using this service and what we found

People and their relatives told us staff had the necessary skills to carry out their roles. People were happy with the care they received.

Risks to people had not always been assessed and planned for. The provider's risk assessment did not record how staff could reduce the risk of avoidable harm. The provider was not receiving referral forms or carrying out initial assessments and instead captured information in care plans and risk assessments. These however were not always accurate as they lacked important information about people. People's nutritional and hydrational needs were not always been met. Medicines were not always administered safely.

We were not assured that people received the consistent level of care in accordance with their care plans. 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.

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the care provided.

Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection. Recruitment procedures were robust. Staff understood how to report safeguarding concerns.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The previous rating for this service was good (report published on 8 February 2020). At this inspection the rating has changed to requires improvement

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care, consent and good governance at this inspection. We have also made recommendation to ensure staff receive supervision and staff meetings in line with the providers policy. 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# New Dawn Healthcare - Unit 18 Blackheath Business Centre

## **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

The service was inspected by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

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

### 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 the service 24 hours' notice of the inspection. This was because the service was small, and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. 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 all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual (NI) is responsible for supervising the management of the regulated activity provided. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed. We spoke with two people and four relatives. We reviewed call monitoring data. We sent a staff questionnaire to all staff, and we received feedback from six staff members.

# 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; Using medicines safely

- Risks to people had not always been assessed. The provider completed a general risk assessment to identify the risks people faced while receiving support. We noted that this risk assessment was not robust as it did not record known risks for people. For example, we read one person was at risk of pressure ulcers but there was no skin integrity risk assessment completed and there were no guidelines for staff to know how to support this person.
- Risks associated with people's mental health had also not been assessed. One person was diagnosed with a mental health condition but there was no other information recorded to guide staff on how to support this person. The lack of detailed information and guidance for staff meant that people may have been placed at risk of possible harm.
- The registered manager was completing environmental risk assessments but again they lacked guidance for staff to provide safe care and support. For example, we read in one person's care plan that there was a lot of clutter, and they were at risk of falls, but the registered manager had not completed a falls risk assessment to mitigate this potential risk.
- Medicines were not always administered safely. The registered manager told us they only "Prompted people to take medication". There was no information within the provider's medicine policy, people's care plan or risk assessment on what 'prompting' entailed. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.

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

Preventing and controlling infection

- The registered manager did not have robust infection control procedures in place. The NI was unable to provide us with any infection control audits that were carried out during the COVID-19 pandemic for staff or people using the service. The NI told us this was due to poor recording keeping at this time, but infection control was checked during spot checks, and we saw evidence of this. They told us they would be reviewing how infection control audits were carried out.
- Staff had received training in infection control and received a supply of personal protective equipment (PPE). The registered manager confirmed the service had plenty of PPE supplies and people confirmed this.

Staffing and recruitment

- Systems for monitoring care were not deployed effectively as we were not assured that people received the consistent level of care in accordance with their care plans. We reviewed the call times for 19 people in the month of August. We identified that over 41% of calls were less than half the planned time and some people were receiving their care calls later than agreed.
- We raised these concerns with the provider who told us they had just introduced a new electronic call monitoring system and staff were still learning how to use it correctly. The NI told us there was no network connection in some areas where people lived which meant that staff were simply not able to log on safely to the app. They did however tell us they would be reviewing call monitoring more robustly as they had just introduced a new call monitoring system. We will look at this when we next inspect.
- Appropriate processes were in place to ensure staff with appropriate experience and backgrounds were appointed to meet people's needs. Recruitment records demonstrated the provider obtained a minimum of two suitable references which were authenticated, proof of identity and right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

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

- People were protected from the risk of harm. People and their relatives told us they felt safe, and they were happy with the care they received.
- Staff received safeguarding training and knew they could report safeguarding concerns to the registered manager and there were systems in place to ensure people were safeguarded from abuse. Safeguarding was discussed during staff meetings.

#### Learning lessons when things go wrong

- The provider had processes in place to record any incidents and learn from them. There had only been one incident recorded since the last inspection and we could see staff had taken the appropriate action.



# 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.

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 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 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 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 provider's processes for identifying and supporting people who lacked mental capacity were not robust as it was not always clear how decisions around people's care had been made or agreed. For example, some people had not signed their paperwork.
- The provider had not always completed capacity assessments for people whose capacity to consent was in doubt.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- People were supported by staff who received a range of mandatory training. Staff completed an initial induction and office staff completed spot-checks of staff while they worked in people's home to monitor staff competency when delivering care. However, these spot-checks were not consistent for all care staff. The NI confirmed that spot-checks were carried out based on staff's skills and experience but recognised the need to be more consistent.
- Staff told us they felt supported. Staff supervision was however ad hoc and staff meetings did not happen regularly, one staff member said, " Personally, I can't remember the last time that we had a staff meeting

where we all met as a team." The NI told us that staff meetings would happen more regularly as they had moved to a new office.

We recommend the provider review their working practice to ensure staff receive supervision and staff meetings in line with the provider's policy.

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

- People's needs were not fully assessed. We saw no evidence that people's protected characteristics under the Equalities Act 2010 were considered as part of the initial assessment. The registered manager explained there was no initial referral form instead they completed a care plan and risk assessment. This meant there was no formal process in place for the provider to assess if they could meet the person's needs. We discussed this with the NI who recognised the need to introduce an initial assessment as the care plan did not always cover important Information.

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

- People's nutritional and hydrational needs were not always met. Within people's care plans there was a section which included nutrition and hydration however there was limited information recorded to guide staff. For example, in one person's file we read 'I would like carers to help me prepare my food'. There was no record of this person's dietary requirements, allergies, likes and dislikes. We highlighted this to the NI who recognised the need to review how people's care plans were been developed.
- In another person's file, we read that they would like support to increase their fluid to avoid a urine infection however there was no information on what this person liked to drink. The NI explained that this would be recorded on the call log at the person's home, but they recognised they need to provide more information for care staff.

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

- Care plans included information about other health and social care professionals involved in people's care. Staff worked with a range of other professionals including the GP and community services such as the nurse and local voluntary services.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. One relative said, "They are kind and caring, they are like fresh air to us as they are very helpful." Staff had worked with some people for a very long time, and they had developed good relationships with each other. The NI told us they tried to ensure people had their care from consistent care workers.
- However, three families spoke about the provider being "rigid" in how care was provided which meant there was little flexibility with the care package. We raised this with the NI who told us they wanted to be responsive to people's care needs however they could only support people for what they were funded to do.

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

- Care staff sought consent before providing care and support, one staff member said, "All my clients talk to me and tell me that they tell me with which assistant they want me to support them." Where people were not able to make a decision about their care senior staff worked with family members.
- Senior staff were aware of how to make referrals to advocacy services when required. Advocacy services are trained professionals who support, enable, and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke about the importance of encouraging people to be independent. Staff understood the need to protect people's privacy and dignity, and this was confirmed by relatives, comments included, "They do respect [person's] dignity, they cover [person] when moving and bathing. All the carers that come now know [person] well and can care for him effectively in a way that I can trust."
- Staff understood the key principles in relation to keeping confidentiality and protecting people's personal information.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans did not always contain up to date information on people's personal circumstances despite reviews of care plans taking place. This meant what was important to people was not recorded by the service correctly and therefore could not be known if there was a change of staff. One staff member told us, "I feel the registered manager and senior staff give a brief on the client, but sometimes key information has been left out when being told about the client. "
- Care plans did not have photos, or details of people's individual preferences. We read in one person's file that they needed assistance with their personal care, however there was no information on what assistance was required therefore staff may not have the information to provide the appropriate care to meet people's needs and wishes.
- We saw evidence that review meetings had been held but these did not indicate people had been involved in their reviews. This meant people may not always be involved in making decisions about their care.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented in line with the AIS. At the time of inspection, there was no-one who required support with communication. Care plans stated if a person required glasses or hearing aids to aid their communication.

Improving care quality in response to complaints or concerns

- There had been no significant complaints or concerns since the last inspection. People knew how to make a complaint if they needed to. People told us they felt confident any complaints would be dealt with effectively by the registered manager.

## End of life care and support

- The provider was recording people's end of life wishes however in some cases they were basic and required more detail. The NI told us they would be reviewing how this information was recorded going forward.

# 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

- The provider was not operating in line with their registration. On the day we announced we would be carrying out the inspection, the NI informed us they were not at the registered location as they had moved offices. They had not informed CQC or applied to register the new location.

This was a breach of Section 33 of the Health and Social Care Act 2008 because the provider was operating outside the conditions of their registration.

- The provider responded immediately, during and after the inspection. They submitted their applications to register the new location from which they were operating and remove the location they were no longer using.
- Quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection. For example, the provider's monitoring systems had failed to identify the concerns we found in relation to assessing risk and medicines management. When we spoke with the NI they recognised that they did not have effective systems in place to ensure the service was providing safe care and support.
- Accurate, complete and contemporaneous care records were not always maintained. Care plans and risk assessments were not audited to check that they contained all correct information such as people's preferences and addressed all of people's needs in a person-centred way.

We found no evidence people had been harmed, however, robust governance procedures were not in place to effectively manage the service. This was a breach of Regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff gave mixed feedback about the management of the service, comments included, "We need a modern approach to communication methods like handover, [as] shift allocations can overlap at times" and "Communication for us as a team is not always there and at times you are updated from one peer being told something and its by chance you've met them, and they've continued the message."

- Some staff told us they felt supported by the management team, comments included, "The registered manager is approachable, and she really cares for the service users and the carers. If I have any burning problems concerning work, I can easily approach her at any time. "
- The provider sought feedback from people who used the service, in the form of surveys or reviews. Where areas of improvement had been suggested the registered manager did contact the person for more feedback.

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.

Continuous learning and improving care

- The NI was in the process of implementing new systems for the service. We gave feedback to the NI on the day of the inspection who told us, "They had taken their eye off the ball and they could improve once they embed the new systems".
- The registered manager told us they would attend some forums within the local authority area to help keep up to date on issues relating to social care.

Working in partnership with others

- The service worked with other health and care professionals. For example, some people were receiving regular support from services within the voluntary sector. The NI spoke about the importance of working with local agencies to ensure people received good care and support.

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 17 Registration Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the MHA</p> <p>The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>
Personal care	<p>Section 33 HSCA Failure to comply with a condition</p> <p>The provider failed did not inform the CQC that they had moved offices and were operating from an unregistered location.</p>
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met.</p> <p>Regulation 9 (1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not always seek</p>



consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005 where a person did not have the mental capacity to make an informed decision.

Regulation 11

## Regulated activity

Personal care

## Regulation

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines.

Regulation 12 (1)