

Newdon Care Services Limited

Leeds

Inspection report

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22 November 2022

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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

Summary

Leeds is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection, 4 people were receiving regulated activity. 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 the service and what we found

There was oversight of the service through quality assurance systems however the action plan lacked details. We recommend the provider reviews and updates the action plan.

Systems were in place to help keep people safe. Staff were up to date with safeguarding training and there was a safeguarding tracker in place. There was enough staff and staff had enough time to complete care. People received their medicines as prescribed.

People's needs were assessed and documented clearly in care plans. Care plans included information relating to people's capacity. Staff were provided with support through training, supervision and competency checks. Staff were up to date with training. The provider worked with other agencies such as social services, district nurses and the GP.

Feedback about the care was positive. Staff respected people's privacy and dignity. People were supported to make decisions about their care, and this was well documented. The provider collected feedback and included family members where appropriate in care decisions.

People's care was reviewed to ensure care remained appropriate. Records of daily care followed the care plans. There was a complaints procedure and learning from complaints was shared with staff.

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

Rating at last inspection

This service was registered with us on 10 June 2020 and this is the first inspection.

Why we inspected

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

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Leeds

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 inspection was carried out by an inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses 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 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 21 November 2022 and ended on 30 November 2022. We visited the location's office on 22 November 2022.

What we did before the inspection

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 reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person about their experience of the care provided. We spoke with 6 staff members, including the registered manager. We looked at 2 care records, 1 medicine record and 2 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safe. The person we spoke with said, "Yes I feel safe."
- Staff were up to date with safeguarding training. Staff were able to demonstrate an understanding of how to escalate safeguardings and we found no unreported safeguarding concerns.
- Systems and processes were in place to help identify and report abuse to help keep people safe. Although there was no safeguarding's raised in the previous 12 months, there was a safeguarding tracker in place.

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

- The provider had systems in place to identify lessons to be learnt. The provider had a lesson learnt log which was shared in staff meetings and on the staff electronic information sharing group. Staff we spoke with could give examples of how information was shared to improve care.
- Systems were in place to assess accidents and incidents. There was a log to record accidents and incidents which included monthly analysis to monitor and reduce further incidents.
- Risks associated with people's care, support and environment had been identified and assessed. Staff followed risk assessments to reduce any potential risks.

Staffing and recruitment

- There was enough staff. The person we spoke with told us staff usually arrived on time for visits and stayed for the full duration. Staff logged in and out of visits and this was audited by the provider.
- Systems were in place to make sure staff were recruited safely. Pre-employment checks included a criminal record check (DBS), employment history and references from previous employers.
- Staff told us they had adequate time to spend completing all care needed on visits. One staff member said, "We get enough time on the calls and for travel, we are not late."

Using medicines safely

- There were systems in place to ensure medicine was administered safely. People received their medicines when they were needed, 1 person said, "They [staff] support me to take my tablets myself."
- Staff completed medicines training and had their competencies checked regularly by the provider.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. PPE stock was adequate, and staff told us they wore PPE on care visits. One staff member said, "I always wear mask, apron and gloves, there's always enough."
- We were assured that the provider's infection prevention and control policy was up to date and relevant to the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People had an initial assessment completed by care coordinators. This covered their needs, abilities, their preferences and goals. The initial assessment formed the basis of care plans which were reviewed as people's needs changed.
- People were supported to eat and drink and this was documented in their care records. One person said, "They [staff] prepare yummy food for me, just what I like."
- People's needs were assessed and planned in line with good practice guidance and law.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate induction, training and support. Staff received regular supervision and competency checks.
- The training matrix showed staff were up to date with the provider's mandatory training. Staff told us they felt well supported by the provider and confirmed they received training appropriate to their role.

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

- The provider worked with other agencies to provide quality care. A health professional praised the care provided, "Yes, they work closely with us, all in their [person] best interest."
- Staff understood the importance of supporting people to be healthy. Staff gave examples of how they supported people to achieve their health goals.

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.

- Staff completed training in MCA and Deprivation of Liberty Safeguards (DOL). Staff we spoke with demonstrated a good understanding of ensuring consent to treatment.

- The provider was aware of the principles of the MCA and their responsibilities.
- Care plans contained information relating to people's capacity to make decisions.

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. This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- The people using the service were well treated. Healthcare professionals told us staff were kind and supportive. One professional said, "I've observed staff being kind and friendly towards [persons name]."
- Staff completed equality and diversity training as part of their role. Staff we spoke with recognised the importance of treating people fairly.
- People's privacy and dignity was respected. One person told us, "They knock the door and always shut the curtains when its private."

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

- The people using the service was supported to make decisions about their care. Care plans documented what people liked to do, their preferences and their goals.
- The provider collected feedback from people and their family regularly to ensure the care and support they received was continuing to meet their needs.
- The provider involved family members and healthcare professional in decision relating to care. The professional we spoke with said; "The communication is good, they ask me and the family what we think."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 identified, and care plans contained information on how they communicated.
- People's care was reviewed regularly, and people had the opportunity to be involved in planning the service they received. The registered manager told us they regularly updated the care plans with families where needed.
- Staff completed daily care records for people which showed how they were meeting people's individual needs in line their care plans.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people who used the service were informed how to complain. One person told us they had no complaint, "Oh no complaints, why would I? They are great."
- The provider was able to evidence how learning from complaints were shared with staff in team meetings to facilitate improvements in care provided.

End of life care and support

- People were supported with their end of life care, however care records did not reflect people's needs and preferences. Care plans did not document end of life wishes. This was raised with the registered manager who agreed to update care records.
- Staff were up to date with end of life training.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people did not require support with social aspects of their lives, however staff were ready to offer it when needed. Staff knew people's emotional needs and supported them to maintain the relationships important to them.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service completed an internal action plan to ensure improvements were made, However the action plan lacked detailed. The action plan was personalised to the service however there some of the issues and actions taken were not clear.

We recommend the provider reviews and updates the action plan in line with current guidance.

- Quality assurance systems and checks were in place to ensure oversight of the service and drive improvements. The provide completed a range of audits which fed into the overall action plan.
- The registered manager was suitably qualified and experienced. They were familiar with the service and the different needs of people and staff. They were supported by a team of senior staff who worked closely together.
- The provider undertook a range of different audits and had a good oversight of the service. They ensured improvements were made in reflection of the audit findings.

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

- Staff told us they enjoyed working at the service and felt valued. One member of staff told us, "They [office] care and always check on us. I've worked here awhile, and I enjoy the job."
- The provider enabled staff to be empowered and voice their opinions. Staff told us management encouraged open discussions in meetings and supervision.
- The registered managed demonstrated a good understanding of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider obtained feedback from people about the care provided through surveys, meetings and telephone calls. Feedback from surveys were analysed to ensure they improved the service where needed.
- The staff were able to give examples when they had worked effectively in partnership with multiple professionals.
- Feedback from professionals was positive. One professional told us, "Communication is good, we have recently held a joint meeting with [name]."