Newdon Care Services Limited

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Inspection report

Unit 2-3
Edlington Lane, Edlington
Doncaster
South Yorkshire
DN12 1BS

Tel: 01709252180

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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?	Requires Improvement

Summary of findings

Overall summary

Newdon Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection 12 people were receiving care and support from the service.

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

The inspection took place on 6 June 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in June 2017 the service was given an overall rating of 'Requires Improvement'. Concerns identified included care plans and risk assessments not being up to date and the monitoring and audit processes not identifying the shortfalls we found during the inspection. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

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

At this inspection we found improvements had been made regarding care plans and risk assessment updates, and the governance of the service was more robust.

People's needs had been assessed before their care package commenced and where possible they, or their relatives, had been involved in formulating care plans. Care plans provided satisfactory information and guidance to staff, which assisted them to deliver the care people needed, in the way they preferred. We found care plans and risk assessments had been updated in a timely manner and staff were clear about their role in ensuring care plans reflected people's current needs.

The system for assessing if staff were following company policies had been improved so shortfalls were identified in a timely manner and addressed promptly. However, these needed to be fully embedded into practice and reviewed to make sure they continued to be effective.

Improvements had also been made regarding how people were consulted about their satisfaction in the service they received and the outcomes of surveys had been shared with them. This meant people knew what action the registered provider had taken to address any areas for improvement.

The majority of the people we spoke with were happy with the quality of the care the service provided and how it was run. They said care workers met their needs and delivered their care as they wanted it delivering. People told us their privacy and dignity was respected and staff were competent in their work, kind, friendly

and helpful.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Concerns, complaints, incidents and accidents were being effectively investigated and monitored. This aimed to reduce risks to people and make sure they received the standard of care they expected.

Recruitment processes helped the employer make safer recruitment decisions when employing staff. Staff had undertaken a structured induction, essential training and received regular support, to help develop their knowledge and skills so they could effectively meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records showed people had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest.

Where possible, people were encouraged to manage their own medication, with some people being supported by relatives. Where assistance was required support was provided by staff who had been trained to carry out this role. However, medication records were not always consistently completed.

The complaints policy was provided to people using the service along with other information about how the service intended to operate. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place which helped to keep people safe from the risk of harm and abuse.

There were enough staff employed to make sure people received support as agreed.

Robust procedures helped to make sure the service recruited staff who were suitable to work with people who may be vulnerable.

Where assistance was required people received the right medicines at the right time.

Is the service effective?

Good

The service was effective.

People's mental capacity was assessed and monitored. Their consent to receive care and support was obtained and where this was not possible the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met.

Staff received the right level of training and support to enable them to feel confident and skilled in their role.

Is the service caring?

Good

The service was caring.

The majority of people we consulted were happy with the way staff delivered care. They told us staff were helpful, caring and friendly.

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive

Care and support was tailored to people's individual needs and this was reflected in their care plan.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed.

People were encouraged to express their views about the care provision.

Is the service well-led?

Requires Improvement

The service was well led.

Systems were in place to evaluate how the service was operating and ensure staff were working to company polices. However, these needed to be further embedded into practice.

People using the service and staff were encouraged to voice their opinions on how the service operated.

Staff knew what their roles and responsibilities were. They told us they felt well supported by the registered manager and the management team.

Newdon Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office on 6 June 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications sent to us by the registered provider. Before the inspection, the registered provider had also completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We also requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke on the telephone with two people who used the service and three relatives, other people declined to speak with us or we received no response to our calls. We also spoke with the registered manager, two care coordinators and four care workers, either face to face, on the telephone or via email.

We looked at documentation relating to people who used the service, staff and the management of the service. This included checking three people's care records, how complaints had been managed, staff recruitment, training and support documentation, and the quality assurance systems, to check if they were robust and had identified areas for improvement.

Good

Is the service safe?

Our findings

At our last inspection in June 2017 there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found care plans and risk assessments had been completed, but they had not always been updated in a timely way, which meant they did not provided accurate information for staff. At this inspection we saw improvements had been made to make sure the content of the care plans and risk assessments reflected people's current needs.

Risk assessments had been carried out to assess if there were any potential risks involving the person using the service, staff or the environment. Where risks had been highlighted guidance was available to tell staff how they could reduce these risks. For instance, when someone used aids to move around their house safely, there were detailed risk assessments completed by the local authority. Supplementary information, such as how to use a particular piece of equipment, had also been added to people files by the management team. This helped to make sure staff had as much information as possible to minimise identified risks.

The majority of people we spoke with said care and support was planned and delivered in a way that helped ensure their safety and welfare. One person using the service told us, "I need help to get in and out of bed, I always feel safe when they help." This was also reflected in the comments made by relatives. When we asked one relative if they felt staff delivered safe care they told us, "They care for [family member] safely; I'm always here to see to that." Another relative said, "I think it is safe, carers do everything they should be doing and are competent using the hoist." However, one person told us they felt occasionally some staff did not handle them properly when they were hoisted. We spoke with the care coordinator and the registered manager about the person's concerns and they reassured us all staff had received appropriate training, but said they would monitor the situation.

Staff had been issued with a uniform and identity badges, which they wore while on duty so people could verify who they were. People who used the service confirmed staff wore these at all times. They also said, if applicable, key safes were effectively used to enable staff to enter people's homes safely.

The registered provider protected people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. A safeguarding file contained details of concerns raised and evidence of the registered manager working with the local authority to make sure people were safe. Staff had completed training in this topic and demonstrated a good awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

Accidents and incidents continued to be monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Since the last inspection the recruitment system had been improved to help to make sure only suitable people, with the right skills, were employed by the service. Recruitment records sampled demonstrated that appropriate checks had been carried out before staff commenced employment. These included a face to

face interview, two written references and a satisfactory criminal records check. Once employed, staff attended a three day induction course which included essential training. Staff told us this was followed by a period of shadowing an experienced member of staff until they were confident in their role.

There were sufficient staff employed to meet the needs of people being supported. At the time of the inspection eight care staff were supporting the 12 people using the service. A care coordinator explained to us how visits to people were planned and what was in place should a care worker be delayed attending a call. We saw rotas were organised and staff told us they allowed for travel time and staff breaks. There had been changes in staff since our last inspection, but due to the reduced number of people being supported at the time this did not have a detrimental impact on people using the service.

Overall medication continued to be administered safely. Some people we spoke with said they, or their relative, retained responsibility for their medication, while other people told us staff supported them with this. One person commented, "They give me my tablets from a NOMAD [monitored dose system provided by the pharmacist] in a cup and stay while I take it." A relative told us, "The medication is given from a NOMAD which is locked away. They [staff] ensure [family member] takes it, staying while they take it."

Medication administration records [MAR] had been signed to indicate staff had administered medicines at the correct time, but we saw when people were taking 'as and when required' medicines and creams [also known as PRN] there were, on occasion, no details as to when this should be given. For example, the MAR said the person was prescribed a cream to be used when they were in pain, but not how often this could be applied.

At the time of the inspection people being assisted with medication could tell staff when they needed PRN medication, but PRN protocols were not in place to provide staff with information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a particular medicine. The management team said the records returned to the office for May 2018 had not yet been checked, but the shortfalls we found would be addressed and any missing PRN protocols completed as soon as possible.

Staff we spoke with demonstrated a good knowledge of the people they visited and their medication. They confirmed they had completed training in this topic and described how the management team checked records when they were returned to the office and during 'spot checks', to make sure staff were following company policy.

Staff were knowledgeable about minimising the spread of infection. They confirmed they had completed training on this topic and said they had ample supplies of protective clothing, such as disposable gloves and aprons. The views of people we spoke with varied. Comments included, "They wear gloves while preparing my food. I think they wash their hands after they've helped me get washed, they don't wear aprons" and "I always have to remind them to wash their hands, I shouldn't have too. They wear gloves when they help me wash, but don't wear aprons." Not wearing aprons was also reflected in comments from relatives. One relative said, "I haven't noticed any problems with hand washing. They wear gloves, but not aprons." We spoke with the registered manager about this and he told us he would discuss this with staff.

Good

Is the service effective?

Our findings

People told us that on the whole they felt staff were appropriately trained to meet their needs, with a relative describing staff as "Always smart, good and appear professional." One person told us, "I think some [staff] are trained better than others." Another person said, "Apart from the hoist [which they felt some staff needed more training in] I think they do get training, so they know what they're doing." A relative told us, "They [staff] appear to know what they are doing, so I think so." Another relative commented, "They [care workers] seem to know what they're doing. They don't do anything major. If [family member] is in a mood they know how to handle her."

At our last inspection people told us some staff who supported people did not speak English fluently and this could be a barrier to social interaction and understanding what was required of them in terms of care. At this inspection the registered provider described the changes made to make sure staff employed could speak and understand English to a good standard. This included prospective employees completing a test as part of their recruitment. Staff we spoke with demonstrated that they could speak with people appropriately and understood what they said.

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments before care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. People had signed to acknowledge they were happy with the planned care. They told us staff asked them what they wanted and listened to their decisions. Comments included, "They [staff] always ask if they can help wash me, I can't do much myself" and "Yes, I'm always asked about what I would like. They [staff] ask me what I want and give me what I want."

Where people required help with their meals this information was built into their care plan. Information included special dietary needs such as eating a soft diet and the level of assistance they needed to eat their meals. Visit records showed staff were acting in accordance with people's care plans and meeting their individual needs.

The people we spoke with who had assistance with meals confirmed staff assisted them as needed, but one

person using the service told us, "Yes, it's [meal] always hot from the microwave, but they leave a mess and don't use the covers my family bought to stop the microwave getting dirty. They leave me biscuits, fruit and water." Another person commented, "My food is always nice [microwave meal], they don't leave snacks, but always a drink." Relatives we spoke with said "They only heat meals at tea time because I'm there to do all of that and I leave snacks" and "Yes, they help with food and leave snacks. I think it's done properly. [Family member] can't feed themselves so they do all of that."

Since our last inspection improvements had been made to the way staff were inducted into the service, this was following recommendations made by the local authority when they visited the service in October 2017. New staff had undertaken a three day course which was aimed at them attaining the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Essential training such as the care workers role, basic life support, working in a person centred way and communication were included in the course. After completing the course staff had also undertaken other training, such as moving people safely, either face to face or through the local authority. This had been followed by a period of shadowing an experienced member of staff and completing competency checks. The service had also introduced an in-house induction booklet that staff were expected to compete and have signed off.

Following induction staff had access to a varied on-going training programme aimed at maintaining or enhancing their knowledge and skills. The registered manager told us staff were also encouraged to complete nationally recognised awards in care up to diploma level. Staff files contained certificates of completed training and the staff we spoke with told us they felt the training they received met their needs. However, we noted the matrix used to record training completed by all staff was not clear enough for the registered manager to get a good overview of when staff needed to complete initial or update training. A care coordinator said they would take this into consideration as they updated the information.

All the staff we spoke with felt the training and support provided met their needs, and the needs of the people they visited. They confirmed they received regular one to one support sessions and an annual appraisal of their work performance.

People received the support they required to access health professionals. We saw people's health conditions were recorded in their files and information around input from health professionals was updated as required. Most people told us staff had not needed to support them in seeking medical advice. On this topic one person said, "They've [staff] never had to before, but I think they would call for the doctor." Staff were clear about sharing information with healthcare professionals and reporting changes to the management team. For instance, a care worker described to us how they would contact the occupational therapist if someone's mobility deteriorated.

Good

Is the service caring?

Our findings

Most people felt staff were caring, friendly and helpful, while others felt some could be better. For instance, one person told us, "The majority of staff are caring. I can tell between a good and bad one. Good [staff] don't rush me and take their time. The bad ones don't [take their time providing care.] The relatives we spoke with told us, "Yes they [staff] appear to be [caring] when I've been there," and "Yes they [staff] are [caring], very friendly."

When we asked people if care staff respected their privacy and dignity they told us, "I think so, they cover my areas with a towel when they help me to get washed" and "They always ask before they do anything. They are careful about what they say and how they say it and also how they do things." Relative also spoke positively about this topic. One relative said, "Carers take [family member] into another room to wash or change [family member]. I feel this protects their privacy and dignity." Another relative commented, "Yes. They always shout hello when they come into the house and I always hear them knock on the bedroom or bathroom door, they don't just walk in. [Family member] isn't really independent anymore, we have to do everything."

People were offered choice and said staff listened to them and offered them choice regarding how their care and support was delivered. One person told us, "Yes they [staff] explain sometimes and ask [what they want]." Another person commented, "They [staff] always give me a choice. They ask if I would like a wash or a shower every day." Relatives told us, "They [staff] always tell [family member] what there is and ask what they would like" and "[Family member] isn't capable of making choices now, but I hear them [staff] saying what they are doing." Staff we spoke with understood the importance of respecting people's dignity, privacy and independence.

People had been involved in developing their plans of care, which identified the care and support they needed. If they could not speak up for themselves relatives had also been involved in the care planning process. Care files contained information about people's history, preferences and abilities, which had been used to formulate person centred care plans. The staff we spoke with all said they felt care plans gave them sufficient information about people's preferences and as they visited the same people most of the time they knew them well.

Senior staff had undertaken 'spot checks' where they had assessed staffs competency in supporting people. These also gave them the opportunity to gain people's views about their care provision. People confirmed staff communicated with them as and when necessary. A relative told us, "I am in regular contact with the agency, maybe on a weekly basis, so we speak then."

The registered manager told us the company had an equality and diversity policy. Equality and diversity was also included in the staff training programme. People's religious beliefs, cultural needs and any communication difficulties were included in the care planning process. Staff said they would respect people's wishes when at all possible.

The service continued to provide a 'service user guide' to each person which provided information to people about how the staff would respect their right to confidentiality. For example, by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party. People confirmed they had received this information at the beginning of their care package.

Good

Is the service responsive?

Our findings

People told us staff at Newdon Care Services was responsive to their needs. They said they were flexible and took into consideration their needs and abilities. One person said, "They help me to be independent, but I'm slow, I'd like to do more but can't." Another person told us, "Yes, they seem to be [flexible]. I've had my calls changed when I've had appointments." A relative said, "Yes, they are good like that [being responsive to people needs]."

People told us each person had a care file in their home which outlined their needs and preferences. The duplicate files we sampled at the service's office contained initial needs assessments, care plans and risk assessments, which people using the service told us they had been involved in completing. One person said, "I have a care plan, it got done again about 6 weeks ago. I'm not sure how often it gets done, but I help."

Care files contained individualised care plans which identified people needs and how they wanted their care delivering. The plans promoted people's independence, as well as highlighting how to protect their privacy and dignity. For instance, in one person's plan it told staff to let the person wash their face themselves, before assisting them further. This promoted their independence and maintained their dignity by taking into account their abilities and wishes. Care files also provided staff with clear guidance on how to use equipment, such as aids to help people move around their home and any preferences the person had identified.

A new daily records book had been introduced since our last inspection. This recorded information about the care provided at each visit, communication with healthcare professionals and the administration of medication by staff. We found overall the visit records were detailed and reflected the planned care. We saw care reviews had also taken place periodically, or as people's needs changed. A relative told us, "Yes [family member] has a care plan. We were both involved with it and it's regularly reviewed."

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. However, it was noted that contact details for agencies where people could take their concerns further, such as the local government ombudsman, where not included in the copy of the policy given to people as part of the 'service user guide'. The registered manager said they would amend this as soon as possible.

People knew how to raise concerns and said they were happy to do so, if the occasion arose. One person said, "I would tell my carer." Another commented, "I definitely would, I would speak with the boss." A relative told us, "I would contact the agency or social worker, but I haven't needed too." People told us when concerns had been raised they were managed efficiently. For instance, one person said, "My daughter has [raised a concern], and she was happy after." A relative said, "[Family member] took a dislike to one of the carers, I spoke with the agency and it was resolved immediately."

A record of concerns and complaints received had been maintained. This showed they had been investigated in line with the registered provider's policy and if outcomes indicated changes were needed,

these had been made. We also saw four thank you cards from relatives, which praised the care provided to their family member.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported by a management team that included two care co-ordinators and administrators. The registered manager said all the management team were involved in completing quality assurance checks.

At our last inspection in June 2017 there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the monitoring and audit processes used by the registered provider did not always identify shortfalls, so improvements could be made. At this inspection we found the registered provider had made improvements and was meeting this regulation.

The registered manager had introduced a more robust system for checking staff were following company polices and the service was operating satisfactorily. For instance, areas such as safeguarding concerns, people's care files and complaints had been monitored and the outcomes shared with the management team at periodic meetings. We also saw regular medication audits had been completed. When shortfalls had been identified action had been taken to address them in a timely manner. However, the shortfalls we found in medication records, such as the missing protocols for 'when required medicines', these had not been identified in the previous audits we checked. This showed audit systems needed to be further improved or developed, and embedded into practice to ensure standards were maintained, especially as more people begin to use the service.

At our last inspection we also found that although the registered manager had undertaken a survey to gain people's views, they had not collated the information and fed this back to people, although they had responded to people's individual concerns where they had identified themselves. At this inspection it was clear the registered manager had gained people's views through telephone conversations, care reviews and at 'spot checks', carried out to assess how staff were working. People were also given the opportunity to complete a feedback questionnaire each month which was at the back of their care booklet.

The registered provider had also carried out a survey in 2017/18 which had been summarised and the outcome shared with people via a letter, which was sent to everyone using the service. This meant if anyone had responded anonymously they would still be told of any changes made in response to people's comments.

The survey summary contained mainly positive responses. Where people had highlighted areas for improvement an action plan had been put in place to address them. People we spoke with confirmed they had been asked for their feedback on the care provision. One person said, "They [staff in the office] have phoned me a few times. I think my daughters done a survey." A relative commented, "I am in regular contact with them [the office staff]."

When we asked people if there was anything they would like to change to improve the service they received their comments included, "What we have seen has been ok," "Nothing stands out for me, I'm happy with the

care," "All agencies like that can improve. It depends on the carer, they should all be good and not have bad ones" and "Get carers that care that would be a good start and want to give their time." We shared people's comments with the registered manager so they could use it to improve the service.

Staff we spoke with had a clear understanding of their roles and responsibilities. They spoke positively about the registered manager and the support they received from the staff based in the office.

The management team supported staff using meetings, annual appraisals, competency checks and informal chats. Staff told us they felt well supported and could go to the management team at any time for guidance and support.

The service worked effectively in partnership with other agencies. The registered manager told us, "We work in partnership with all parties involved in the care of the individual such as GP's, district/ community nursing teams, occupational therapists, falls teams, support groups, volunteer groups, the local authority and their safeguarding team."

The local authority has told us they had assessed Newdon Care Service in November 2017 following concerns raised about the service. Following this they made recommendations for improvement which covered topics such as the induction process, documentation, quality assurance and missed/late calls. In March 2018 they revisited the service to check if the registered provider had met their action plan. They found improvements had been made and said concerns raised with them had significantly reduced since the improvements had been introduced. However, we noted these systems needed further embedding into practice to ensure consistency.

During our inspection planning we could not find the last CQC rating displayed on the registered providers website. This is required under Regulation 20A: Requirements as to display of performance assessments. CQC policy on display of ratings indicates that registered providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website (if they have one) within 21 days of the latest report being published. Not doing so may result in a fine and may impact on future inspection ratings.

We discussed this with the registered manager who told us the website was being updated. Shortly after our visit to the office we checked the website and found the last rating was displayed. However, this was in the 'downloads' tab, rather than on the homepage where it would be more conspicuous. The registered manager told us they would make sure it was made easier for people accessing the website to find the rating.