

Newmark Care Ltd

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Inspection report

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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

This announced inspection took place on 2 July 2018. Newmark Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to adults and children. At the time of inspection there were 58 people using the service. The service operates seven days per week.

The service had a registered manager who was present on the day of 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 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

Staff received regular supervision and the training needed to meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

People needed minimal support, prompting with their medicines and support was managed safely. Any risks to people were identified and managed to keep people safe.

People and relatives knew how to complain and raise any concerns. People using the service and their relatives at the time of the inspection did not raise any concerns with us.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. Care was taken to ensure care staff could communicate with people using their preferred language. The manager and staff had a good understanding of equality, diversity and human rights.

The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to.

The vision and values of the service were clearly communicated to and understood by staff.

We made a recommendation that the service capture feedback from people, relatives and staff regularly to drive improvement.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

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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 provider is 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.

This inspection took place on 2 July 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with Healthwatch Rochdale, the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Newmark Care Limited and were satisfied with the level of care provided.

We spoke with four people who used the service, two relatives, three care staff, the registered manager and the care manager. We also contacted four health and social care professionals for their view of the service. We looked at six people's care records, four staff files and five medicine administration records. We reviewed a range of records relating to the management of the service. We looked at a variety of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

We found that Newmark Care Limited provided safe care. People told us they felt safe. One person we spoke with told us, "I feel reassured knowing that someone is definitely coming to visit me."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff felt confident they could report abuse and action would be taken. One member of staff said, "I wouldn't hesitate to report any concerns, I have done so in the past. It's better safe than sorry."

Staff were also aware of the provider's whistleblowing policy. When asked about this, one staff member told us, "I know where to access the policy on Whistleblowing, I would speak to a manager anyway if I was worried." Another told us, "The managers are so open and approachable that I would be able to talk to them about anything." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

There were risk assessments in place for people, which guided staff on how to mitigate risks to people. This included risks to people's health such as the risk of developing pressure areas, and risks to do with people's mobility and falls. We saw that risk assessments were in place for people's individual health needs, such as diabetes or dementia.

People's own environments had also been risk assessed with guidance in place so that staff could deliver support in people's own environments in the safest way.

There were policies and procedures in place for dealing with accidents and incidents. These provided guidance to staff on what they should do, how to record and who they should inform. We saw that accidents and incidents were recorded by staff, investigated by the manager and that action was taken where needed; this included reviewing risk assessments.

Recruitment systems were safe and included a Disclosure and Barring Service (DBS) check. This is a check to ascertain whether the staff member had any criminal convictions or had been barred from working within the care sector. The registered manager told us they would ask for at least two references, employment history and check identification when employing new staff.

Staff understood infection control procedures. People told us that staff wore gloves and aprons when delivering personal care.

People told us that there was enough staff to provide safe and effective care. People said they usually had familiar staff sent to support them. One person told us, "If someone new is coming they always visit with a member of staff who introduces them." Another person told us, "I have only had one missed call due to bad weather, carers always come on time or the office call me to let me know someone will be late."

Is the service effective?

Our findings

We found that Newmark Care Limited were effective. People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was located in each of their care files. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "My staff support me with my mental health needs and tell me if they think I need some help."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I always offer people choices so they can be in control of their lives as much as possible, if I thought a choice was risky I would raise this at the office and get some guidance."

New staff completed an induction programme to ensure they were competent in their skills and knowledge before supporting people. One member of staff told us, "I felt prepared to start my job here and had lots of support from managers and other care staff." New staff also shadowed experienced staff before working unsupervised to ensure they were confident in their roles and responsibilities.

Staff told us they felt well supported by the registered manager. Formal supervisions took place to improve performance and, to assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor.

Staff received regular monitoring by senior staff to ensure they were competent. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People's care records identified where they required support with eating and drinking. Care plans included specific dietary requirements and how these were met. We saw there was guidance around supporting a person's diet who had diabetes.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One member of staff said, "We [staff] often support people to their GP for appointments." We saw that information from other services and professionals was documented clearly in people's files, as well as any health and medical information.

Is the service caring?

Our findings

We found that Newmark Care Limited were caring. People benefited from caring relationships with staff. People's comments included; "They [staff] are lovely, never had a bad one!" "I have absolutely no complaints about the girls, they are amazing;" and, "They [staff] help me out in so many ways, they really do care and go above and beyond in their role."

Staff we spoke with described how the caring ethos of the service was supported by the management team. One staff member said, "The caring culture really starts with our managers, they set the bar high in terms of the quality of support." Another staff member said, "The care manager takes an interest in each person that we support and stays up to date with everything that is going on."

The service recruited staff based on their personal values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they could meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by Newmark Care Limited. One staff member told us, "I love my job, it's amazing to be able to make a positive difference to people's lives."

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "I have a regular team coming in and regard them very highly, they have become like friends to me."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office.

The care planning system in place included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Staff understood the values of the service, recognised the importance of ensuring equality and diversity and human rights were actively promoted. The care manager told us, "We support people from many different cultures and ethnicities, we always make sure someone who speaks the same language is able to take part in the assessment and try to match people with staff that can communicate with them appropriately." The care manager told us, "I am learning a new language at the local community centre so I can communicate more effectively with some of the people that use the service."

Is the service responsive?

Our findings

We found Newmark Care Limited were responsive. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and assessments were carried out to ensure that records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

People were assessed prior to accessing the service and this information was used to develop care plans that guided staff in how to meet people's needs. Care plans included a service user guide, signed consent form, information about health needs and a detailed breakdown of the support required. One care plan explained exactly which tasks a person could do for themselves so that they could retain as much independence as possible. For example, a mobility care plan read, 'One carer to support [Person] to stand up and whilst walking. Person can roll in bed unaided.' This showed that the service had assessed which movements the person could complete with support from staff.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans were detailed and person-centred.

People's specific communication needs were identified in care records and included how communication needs were met. For example, one person could sometimes become anxious. The person's care record detailed the indicators that the person was becoming anxious and the actions staff needed to take in response to the indicators to relieve their anxiety.

People and relatives were confident to raise concerns and that they would be responded to effectively. One person told us, "I just ring the office and speak to them if there is a problem. Things are always dealt with promptly." The provider had a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy. Prior to the inspection, the relative of a person no longer using the service raised concerns relating to medicines management, missed calls and call timings. We explored these themes as part of our inspection.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example, both quality surveys and complaints information were available in a pictorial format.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

Is the service well-led?

Our findings

We found Newmark Care Limited were very well-led. There was a registered manager in post who had been registered since July 2014.

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 2008 and associated Regulations about how the service is run.

Both the registered manager and the care manager were held in high esteem by people using the service and staff. The staff felt part of a supportive team and told us managers were approachable and listened to them. Staff told us the service was well-led, open and honest. One staff member told us, "I enjoy working here, the managers are flexible and we get lots of control over our hours." Another staff member said, "I always feel welcome when I come to the office, there is always someone free to have a chat about any worries."

We saw that the service had received many compliment cards from family members and people who used the service. One card read, "You have gone above and beyond to support our family, we couldn't have done it without you."

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

The service encouraged open communication between the staff team. A staff member told us the team was "always supportive of each other." We viewed the team meeting minutes which showed that staff had regularly met to discuss people's individual needs and to share their experiences. In one of the meetings discussions took place around good practice required in relation to medicines and care planning. Staff told us they felt able to speak up if they had any concerns and were confident it would be dealt with as necessary.

Staff followed data security procedures to ensure that information was shared on a need to know basis. We observed people's records being kept securely and only accessed by authorised staff members. Staff understood their responsibilities and followed procedures for sharing information safely. The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and according to our records these were sent to CQC in good time.

Data management systems were used to monitor the quality of provision. Staff carried out daily, weekly and monthly audits to review the services being provided for people. These included water temperature, fire

safety and medicines checks. Staff told us that any issues identified were reported to the registered manager for taking actions as necessary, for example if they saw equipment was broken. Records showed the registered manager undertook monthly audits to monitor and review the service's performance. Any concerns identified were communicated to the staff team and action taken, for example if a person wanted to discuss their final wishes.

Quality surveys had been carried in 2017 but the registered manager told us that they had a poor response to the postal surveys. The care manager however, checked in with people and their relatives on an informal basis to check that they were happy with the service.

We recommended that the service seek feedback regularly to formally capture comments from people, relatives and the staff team to drive improvement going forward.