

New Dawn Health & Social Care Ltd

New Dawn Health and Social Care Ltd

Inspection report

Office 13, Corby Business Centre
Eismann Way
Corby
NN17 5ZB

Tel: 03301331975

Date of inspection visit:
15 March 2022

Date of publication:
12 April 2022

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

New Dawn Health and Social Care Ltd is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection six people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives were very satisfied with the care that staff provided and with the management of the agency.

People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans though more detail was needed. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service, though this was not fully robust. Action was taken by the registered manager promptly after the inspection visit to rectify this.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

Quality assurance systems were in place to ensure people were provided with a quality service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way.

People were aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager always listened to their views.

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

Why we inspected

This was a planned inspection.

Rating at last inspection

This is the first inspection for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below

Good ●

New Dawn Health and Social Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service six days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 14 March and ended on 15 March 2022. We visited the office location on 15 March 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local

authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service about their experience of the care provided, and three relatives. We also spoke with two care staff members and the registered manager. We reviewed a range of records. This included two care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included amendments to procedures.

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 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: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt very safe with staff from the service. One person said, "Yes, all the staff make sure I am safe."
- Staff demonstrated they understood how to safeguard people. They were confident management would take action if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were individualised and person centred. They covered the potential risks for people and the environment people lived in.
- Some risk assessments lacked details as to how to provide care. The registered manager amended these to provide more detail to staff to ensure risk was reduced in the care provided.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for staff before they began working at the service.
- A reference had not come from the management of a previous employer. The registered manager said this would always be requested in the future.
- These checks help prevent unsuitable people from working with people who use the service.
- Assessments and support plans identified the number of staff required to deliver care safely.
- Sufficient staffing was always in place according to people and relatives. There were no missed calls reported.

Using medicines safely

- No one was receiving medicines from staff, though people said that staff checked that they had taken their medicines.
- A medicine audit was in place when staff become responsible for administering people's medication.
- Staff were trained to administer medicines.

Preventing and controlling infection

- People and relatives told us staff always wore personal protective equipment (PPE) during the COVID-19 pandemic.

- Staff described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.
- Staff said they undertook testing for COVID-19.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- We saw a lesson learned from an incident. This was to be shared with staff.

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

- People and relatives told us people had their needs assessed before care was provided. This helped to ensure there were sufficiently trained staff to provide the care and support needed.
- People and relatives said that there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- People and relatives said staff were aware of what care was needed and staff seem to be well trained.
- Records showed staff had received induction and training. The registered manager planned to extend the training to end-of-life care and any specific health conditions people had.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they were encouraged to keep their training up to date. Staff told us the training made them feel confident to meet people's needs.

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

- No one received food from staff though a relative told us staff would provide their family member with a meal if needed. This would be food of their family member's choice.
- People said that staff always left them with drinks available to hand. This helped to protect them from potential dehydration.

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

- People's assessments and care plans covered their health care needs. A care plan documented a healthcare professional's involvement in a person's care.
- Staff told us they would contact relevant professionals or relatives if people in their care needed health or social care support.
- People told us they were confident staff would alert a medical service if they needed help.
- We saw in one person's records that they were not well. The person did not request medical assistance but there was no evidence that staff had offered this support. The registered manager agreed should this situation arise again, this would be offered to people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- Staff understood the principles of the MCA and supported people to make choices. This information was documented in the staff handbook so staff could refer to it at any time.
- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- People and relatives confirmed staff always asked for consent before providing care.

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 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

- People and relatives said staff were very friendly and caring. A person said "Staff are so friendly and respectful. They could not be better."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- The registered manager and staff understood that it was important to respect people and their diversity.

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

- People and relatives said that they had been involved in the planning of the care provided.
- Staff were aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff promoted privacy and dignity when providing care. Staff gave good examples of how they would do this such as closing curtains and doors.
- People and relatives said staff respected people's independence and did not take over and do things that people could do for themselves. One person said, "I was asked if I wanted to wash my face. I appreciated this as I like to do as much as I can for myself." Staff said they always encouraged people to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality and its importance.

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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff respected their wishes and how they wanted their care to be provided.
- Care plans detailed people's personal history though their preferences were not detailed. The registered manager said they would speak to people to obtain more personalised information. This will help to provide staff with more personalised information to understand people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Only one person said they needed this assistance at the moment. They said they indicated by gesture what they needed and staff had the ability and patience to interpret what this meant.
- There was evidence in people's care plans to record any communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. However, the procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager said this would be amended.
- To date, no complaints had been made.
- People and relatives told us that if they had had concerns, they would have no hesitation about discussing this with the registered manager. This is because they found the registered manager had always been responsive to their views.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this support.
- People and relatives said this information would be supplied when they were ready to do so.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs.
- People and relatives told us that staff provided care that met their needs.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Staff said they were provided with good support from the management team.

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

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service. One staff member said, "The manager always is available to support me."

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and understood the needs of their staff team. Staff were positive about carrying out their work.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people and relatives by questionnaires. This gave people and their representatives the opportunity to suggest any changes or improvements.
- Staff meetings had been held to discuss the service. Relevant issues had been discussed.

Working in partnership with others

- Relatives told us that staff reacted by calling medical services as needed for their family members.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.