

New Dawn Care Agency Ltd

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Inspection report

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Date of inspection visit:
18 May 2022

Date of publication:
04 July 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

New Dawn Care Agency Limited is a domiciliary care agency. The service provides personal care to adults with physical disabilities, dementia, and sensory impairments. At the time of our inspection 24 people were receiving personal care. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People told us they felt safe in their homes with the support staff provided.

Lessons had been learned from the previous inspection and medicines were now being safely managed by trained staff. Systems were in place to identify errors for swift action to be taken.

There were enough suitably trained staff who were recruited safely.

Management were keen to make further improvements for better outcomes for people, staff and the service. Management were open and honest; they understood their roles as well as how to manage risks and their regulatory responsibilities. People and staff had confidence in the registered manager.

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.

The service worked in partnership with other professionals to achieve good outcomes for people.

The provider was proactive in its recruitment campaign and was promoting staff retention through engagement with various organisations and wellbeing initiatives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (23 July 2019).

At our last inspection we found breaches of the regulations in relation to medicines not always being safely managed. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 two inspectors and an Expert by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service more than 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 27 January 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We visited the location's office on 18 May 2022. We spoke with ten members of staff including; care staff, senior care staff, a deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records including three people's care records and multiple medication 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 reviewed.

The ExE made phone calls off-site on 19 May 2022 and spoke with nine people supported by the service and six people's relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not always managed people's medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely by suitably trained staff.
- Medicines were regularly audited to ensure errors could be identified and quickly resolved.
- The registered manager implemented additional medicine checks, such as spot checks, to check staff competencies. Staff told us they had regular spot checks.

Assessing risk, safety monitoring and management

- Risk assessments were in place, however mobility and diabetes risk assessments were not always robust enough to identify and mitigate all potential risks. The registered manager responded straight away and updated relevant assessments.
- People told us they felt safe. One person told us, "I feel safe when they [carers] bath me as they are very sturdy and experienced. They have been carers for a long time." Another person told us, "Staff are aware of my balance problem and stay with me while I have a shower."
- Staff knew how to access people's risk assessments and care records. One staff member said, "All the risk assessments are available remotely, they contain all the information you need, plus the tasks are there, we can tick off what has been completed."

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from abuse.
- Staff understood what abuse was and how to report concerns. Staff had access to safeguarding policies and had received training.

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 found the service was working within the principles of the MCA.

Staffing and recruitment

- Staff were safely recruited. Pre-employment checks had been completed including criminal records checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably trained staff to meet people's assessed needs. The registered manager was proactively seeking funding streams to support care staff to obtain additional training to develop their skills and knowledge.
- People told us their calls were generally on time, and for the right duration. One person said, "They [care staff] are mostly on time. If there is an emergency and they are going to be late, they usually let me know.' Another person told us, "Time-keeping is good."
- The registered manager was promoting the care sector on local radio to attract new staff into the sector.

Preventing and controlling infection

- People were kept safe from the risk of infection by staff.
- People told us staff wore personal protective equipment (PPE) such as face masks, aprons and gloves when carrying out care tasks. One person told us, "PPE is still in place. Staff swap gloves in between treatment."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

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

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

- Some quality assurance tools needed improving as it had not been identified that mobility and diabetes risk assessments did not contain robust details. However, other quality checks that had been regularly undertaken were effective in highlighting medication errors which were acted upon to reduce risks to people and improve staff knowledge.
- There was a clear scheme of delegation; staff knew their roles and who to contact for support or to raise concerns.
- The registered manager had notified us of significant events in line with their responsibilities.

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

- The management team were passionate about the care people received and supporting staff to promote good outcomes for people.
- People and relatives told us they felt the service was well led, one person said, "I think it's well led. They seem to know what they are doing. Good at responding." A relative said, "I think it's well run. I have spoken to [the registered manager] on the phone. Very accommodating."
- Staff told us they felt respected and valued by management.

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

- People, relatives and staff were supported to provide feedback through questionnaires.
- Staff felt able to make suggestions around improvements and felt listened to. One member of staff told us, "The registered manager is great. They are so easy to talk to. They are very good, knowledgeable and understanding. They support both the people we support and the staff."

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 their duty of candour. We saw a letter of apology when the provider had missed part of a relative's request. The provider was open and honest about this, took responsibility and responded quickly.

Continuous learning and improving care

- Management were keen to continue to make improvements to the service. Management had a clear vision and we viewed two action plans to support future improvements.
- Management were supporting staff to complete additional training and staff told us they felt supported to develop their knowledge and skills.

Working in partnership with others

- The provider was involved in provider engagement groups to improve care services in the local area.
- Records show the provider works in partnership with health and social care professionals.
- Staff wellbeing was important to the provider who promoted this through involvement in various staff initiatives.