

Newdon Care Services Limited

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Inspection report

24 Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB
Tel: 01709 211769

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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 

Overall summary

The inspection took place on 28 May 2015 with the provider being given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The service had not been previously inspected.

Newdon Care Services Limited's office is based on the outskirts of Doncaster. The company provides personal care to people living in their own homes in the

community. It supports people whose main needs are those associated with older people, including dementia. The company also provides companionship and home help services.

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

Summary of findings

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.

At the time of our inspection there were three people receiving support with their personal care. We spoke with two people who used the service and one relative about their experiences of using the agency. All the people we spoke with told us they were very happy with the service provided.

People's needs had been assessed before their care package commenced and they told us they had been fully involved in formulating and updating their care plans. The information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

People received a service that was based on their personal needs and wishes. We saw changes in their needs were quickly identified and their care package amended to meet the changes. All the care plans we checked had been updated in a timely manner.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the

capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We saw staff had received training in this subject.

We found the service employed enough staff to meet the needs of the people being supported. People told us they were always introduced to their care workers before they provided any care or support and the company tried to match people with care workers they felt would suit them. People we spoke with praised the staff who supported them and raised no concerns about how their care was delivered.

There was a recruitment system in place that helped the employer make decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher training to update their knowledge and skills. Staff told us they felt very well supported by the management team.

The company had a complaints policy, which was provided to each person in the information given to them at the start of their care package. We saw no concerns had been recorded in the complaint file.

The provider had systems in place to enable people to share their opinion of the service provided and check staff were following company policies.

Summary of findings

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Good



Is the service effective?

The service was effective

Staff had received basic training about the Mental Capacity Act and they understood how to act in people's best interest.

Staff had completed a comprehensive induction to prepare them for working with people who used the service. This included essential training to help them meet people's needs. They had also received on-going observational assessments and support sessions.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



Is the service caring?

The service was caring

Staff demonstrated a very good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke very highly about the care staff who supported them. They said they respected their opinion and delivered care in an inclusive, caring manner.

The company matched people using the service with staff they felt they would get on with and people were introduced to their care workers before they provided care. We found this enhanced the caring experience people received.

The company provided regular information to people who used the service so they knew about local services available to them and community events they may want to be involved in.

Good



Is the service responsive?

The service was responsive

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences, as well as their interests and hobbies. The majority of care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed.

Good



Summary of findings

Is the service well-led?

The service was well led

There was a system in place to assess if the company was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular checks to make sure staff were working to company policies and procedures.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Good



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 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 took place on 28 May 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

We spoke with two people who used the service and one relative by telephone to discuss the service the agency provided. We spoke with one member of care staff and the registered manager.

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

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing the care records of all three people who used the service, staff rotas, training files, four staff recruitment and support files, medication records, policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service, and their relatives, told us, they felt care and support was delivered in a safe way. One relative described how staff checked that any equipment to be used to transfer people was safe and there were no hazards around the house that needed attention before care was provided. Talking about mobility, hoisting and transfers a relative told us, “They (relative) are always safe. There is always the right amount of people to do the job properly.”

We saw care and support was planned and delivered in a way that ensured people’s safety and welfare. We looked at copies of three people’s care plans at the agency’s office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. Where appropriate we saw these had been reviewed and updated in a timely manner to reflect any changes in people’s needs. We also saw that as part of the service’s initial assessment process an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person’s home that might affect the person using the service or staff.

Staff we spoke with demonstrated a good understanding of people’s needs and how to keep them safe. They described how they ensured risk assessments were adhered to and that any changes were documented in the files kept at the service users home and at the providers office base. People we spoke to confirmed that staff always carried photo identification with them so people could check they worked for the company.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority’s safeguarding adult’s procedures which aimed to make sure incidents were reported and investigated appropriately.

Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by

periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the services office. The person responsible for allocating care workers described to us how staff were matched to each person being supported. All the people we spoke with told us staff were on time and stayed the agreed length of time for each visit. One person told us, “They (staff) are fantastic.”

People told us there was enough staff to meet people’s needs. One relative told us, “My relative needs two members of staff for transfers and that is what they have had every time.” Systems were in place to respond to unexpected circumstances, for example to cover sickness, absences and emergencies.

Recruitment records, and staff comments, indicated a comprehensive recruitment and selection process was in place. The four staff files we saw showed that appropriate checks had been undertaken before staff began working for the service. These included requesting two written references, a satisfactory Disclosure and Barring Service (DBS) check, proof of identification and where appropriate confirmation of a leave to remain decision. Staff told us face to face interviews had also taken place and we saw documentation of questions asked at the interviews and the staff’s answers. All recruited staff told us they were not allowed to start supporting people until all the necessary checks had been completed and were found to be satisfactory.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medicines we saw care plans outlined staffs role in supporting them to take them safely. We saw some people were prescribed medicines to be taken only when required (PRN), for example painkillers. These medicines were recorded on the medication administration record [MAR] and staff could tell us why and when they would give them. The people we spoke with who used the service and their relatives confirmed staff gave the correct medication to people at the right time.

Is the service safe?

Care workers confirmed they had completed training in the safe administration of medicines as part of their induction to the company. We saw MAR were completed correctly. The registered manager told us that they regularly audited

these records. Whilst the occasion had not arisen the registered manager told us that should they identify shortfalls they would discuss them with the staff member concerned as part of their supervision.

Is the service effective?

Our findings

People we spoke with said staff had the skills and knowledge they needed to do their job well. They told us they provided very good support but encouraged them to do as much as they could for themselves. They said this helped them maintain their independence.

Records and staff comments demonstrated staff had undertaken a structured induction when they were employed. One staff member told us, “I felt the induction was thorough and very worthwhile.” The registered manager told us new staff also shadowed an experienced care worker for at least one visit to each person they were to support before working on their own. Another care worker we spoke to told us, “The induction covered everything I needed.” We saw the training matrix which listed the training topics covered, they included; moving and handling, safeguarding, personal care, first aid and food hygiene. All staff we spoke with said they felt they had received the training they needed for their job roles.

The registered manager was aware of the new Care Certificate introduced in April 2015 and said the company was comparing their current induction against the care certificate to ensure it met the expected standards. They told us if any changes were required these would be implemented as soon as possible.

Staff told us they felt well supported. They said they could speak to the registered manager at any time for support or guidance. Staff we spoke with also said they received regular supervision. Newdon Care was a newly registered service and as such had not been operating long enough for staff to receive an annual appraisal. We spoke to the registered manager and staff about annual appraisals. The expectations of frequency and content of appraisals was in

line with the provider’s policy. We found the registered manager had undertaken regular observation assessments to make sure staff were following best practice guidance and individual people’s care plans.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people’s capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place.

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed safe food handling training as part of their induction to the agency.

Is the service caring?

Our findings

As part of our inspection we spoke two people who used the service and one relative. All praised the care workers who they referred to as friendly caring and professional. They said staff were respectful and treated them in a caring way. One person who used the service told us, "They are great, always on time and can never do enough for you" Another person said, "They treat me wonderfully they are just so friendly and helpful"

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. This was also confirmed by the relatives we spoke with. Care files contained detailed information about people's needs and preferences, as well as their hobbies and interests. Staff told us this helped them understand the person better and provided topics they could talk to people about. One relative told us, "The care my relative tells me they get is exactly what is in the care plan and the daily logs."

The staff we spoke with demonstrated a comprehensive knowledge of the people they supported, their care needs and their wishes. They told us how care and support was tailored to each person's individual needs. For example referring to people by their preferred name.

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. This included closing doors and curtains while personal care was provided. One care worker told us, "It's important to cover people up as much as possible while I am helping them have a bath or wash."

Staff also described how they tried to maintain people's independence. One care worker told us, "I feel it is important to encourage people to fulfil tasks. If the don't want to then no problem but it is important to ask."

The registered manager told us every person using the service deserved to be supported by individual care workers or a team of care staff who knew them well. This was confirmed by people who used the service, the relatives and staff we spoke with. They described how each care worker was personally introduced to the person they were going to support before care was provided. A relative told us, "It was nice for us to all meet [the name the worker] before the care package started."

We viewed the daily records for all three people who used the service. We found them to be comprehensive, detailed and clear. They recorded the care and support given at each visit. Staff had completed report writing training and were aware of the importance of accurate record keeping.

Is the service responsive?

Our findings

People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One relative commented, “They stick to what is agreed. Any changes in needs or circumstance, they react very quickly. For example if we need to cancel a visit because of a social function.”

When we asked if the service was flexible to meet people’s changing needs we were told it was. A relative commented, “The office are always helpful if we have to change a visit time.” Someone who used the service told us, “They are smashing people. They look after me well.”

All the people we spoke with confirmed a full assessment of their needs had been carried out prior to them receiving care. A relative told us, “The manager came and was very thorough. We went through everything in detail.”

Staff we spoke with said each person had a file in their home which outlined the care and support they needed as well as provided information about how the service operated. This was confirmed by the people we spoke with.

The care records we saw contained detailed information about the areas the person needed support with and how they wanted their care delivering. Care plans were easy to understand and provided good detail about the person’s needs, likes, dislikes and interests. They provided staff with good guidance and details about any specific areas where people were more at risk.

People confirmed they, and if appropriate their relative had been involved in planning their care. Where possible

people using the service had signed their care plans to show they agreed with the planned care. People told us they had also been involved in regular reviews about their care, but knew they could request a review at any time if their needs changed.

Staff we spoke with said they felt the care plans provided very good detail. One care worker told us, “The plans are informative, provide the right amount of detail yet remain straightforward.” For example we saw one plan contained the actions required of the staff member if a machine which assisted breathing failed.

The company had a complaints procedure, which was included in the information pack given to people at the start of their care package. The registered manager told us no complaints had been received since the provider had begun to deliver services to people. One person who used the service told us, “They have told me how to complain but I don’t believe I would ever need to.” A relative we spoke with told us they had never had to raise and concerns but would feel comfortable doing so if they needed to, either with their care workers or the registered manager.

Staff we spoke with said they were aware of how to deal with complaints, should they arise and would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves. We also saw people had been given information about how to contact advocacy services should they require additional support. Advocates can represent the views and wishes of people who are unable to express their wishes themselves.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People who used the service, and the relatives we spoke with, told us they were very happy with the service provided. One person told us, "I have nothing to complain about, everything is great." A relative said, "There are regular phone calls or visits from the manager to check if everything is ok."

When we asked if there was any way people felt the service could improve no-one could think of anything that was lacking from the service. One person who used the service told us, "They have never missed a visit and never been more than 10 minutes late, due to traffic."

The provider had used , phone calls and care review meetings to gain people's views about how the service was operating. The registered manager showed us a quality questionnaire they were developing and would be in use shortly.

Staff told us meetings were held periodically where they were provided with information, discussed any issues they had and shared experiences. They said they also had informal chats with the management team when they needed to talk something through or required additional support.

When we asked staff if there was anything they felt the service could improve they said that they enjoyed working for the agency and were happy with how it operated. They

believed that they were genuinely part of a team and their contribution was valued. And as such they did not highlight anything they felt needed improving. One staff member told us, "It's a great place to work, I feel my opinions and contributions are valued."

We found the company had a clear staff structure which helped to make sure people received a smooth service.

We saw a system was in place to monitor how the service was operating and staffs' performance. This included audits being completed locally and by the company's head office, as well as observational assessments of how staff were working. For example, recruitment files contained a checklist used to make sure all essential checks and processes had been followed when new staff had been employed. We also found activity logs were being audited to ensure care staff were completing them correctly and there were no changes in people's care needs.

The registered manager monitored the service and planned improvements through a series of quality assurance processes and audits. They completed audits in areas such as care records, infection control, medication, health and safety and both the internal and external environments. Support plans and risk assessments were regularly reviewed and audited quarterly to ensure discrepancies such as missing signatures could be identified and rectified. This meant that the service was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner.