

New Dawn Healthcare & Employment Limited

New Dawn Healthcare - Unit 18 Blackheath Business Centre

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

About the service

New Dawn Healthcare - Unit 18 Blackheath Business Centre is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection 15 people were using the service.

Not everyone who used the service received personal care. 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

Staff understood abuse, the actions to take to protect people and how to report an allegation of abuse for investigation.

People's care needs were assessed which included identifying their individual support needs. This enabled staff to provide the most appropriate care for people. Risks were identified, mitigated and care records had detailed guidance in place to help reduce the likelihood of risks occurring.

Medicines were managed safely to ensure these were administered to meet people's medical needs. Records associated with the administration of medicines were completed accurately and reviewed for completeness.

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.

Social activities were arranged by people, staff supported them to attend activities in their local community if this was required. People who had meal preparation as part of their package of care had this support to meet their preferences.

People gave positive feedback about the management of the service and they said staff were kind, and caring. Staff understood how to protect people's dignity and people said staff were respectful towards them. People understood how to make a complaint about the service if they were unhappy with aspects of their care.

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

Rating at last inspection and update

The previous rating for this service was good (report published on 8 July 2017). At this inspection the rating remained good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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

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.

Inspection team

This consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

New Dawn Healthcare - Unit 18 Blackheath Business Centre is a domiciliary care agency. It provides personal care to people living in their own homes.

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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. Inspection activity started on 30 October and ended on 19 November. We visited the office location on 30 October to see the registered manager, office staff and to review care records and policies and procedures. An Expert by Experience made telephone calls to people and their relatives on 18 November and 19 November.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and nominated individual and two care workers. We reviewed a range of records including five people's care records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with nine people and four relatives about their experience of care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said that the care and support was carried out in a way that made them feel safe. A relative said, "[Staff are] very careful with [my family member] and [he/she] is safe with the care workers."
- The provider's safeguarding policy was followed by staff to keep people safe. Training in safeguarding adults was completed and records confirmed this. Staff described their knowledge of abuse and how to report allegations promptly.
- There were no current allegations of abuse at the service. The registered manager explained how allegations of abuse would be managed to ensure the person was protected from the risk of harm and described their responsibility to report these to the local authority for investigation.

Using medicines safely

- Medicines were managed in a safe way, so people had these as prescribed. Staff supported people with taking their medicines when needed.
- Staff encouraged people to manage their medicines independently if they were able to. People had an assessment of their abilities to manage their medicines and where they were safe to do this task they were able to self-medicate. These details regarding self-medication was also documented in their care records.
- Medicine Administration Record charts (MARs) were completed once a person had taken their medicine. MARs were audited for their completeness. We looked at a sample of MARs and found there were no unexplained gaps in them.

Staffing and recruitment

- The registered manager ensured there were sufficient staff to meet people's care and support needs. People said that there were enough staff available and they had regular care workers who visited them. Comments included, "Timekeeping is good, [care workers] stay the right amount of time" and "The care workers are on time, will ring if [they are] going to be late."
- The registered manager followed a robust recruitment process. Pre-employment checks were completed before staff were confirmed in post and work with people. Recruitment checks included previous job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Assessing risks, safety monitoring and management

- The registered manager arranged risk assessments for people which identified potential risks associated with their health and well-being needs. Risks found included mobility, transfer, nutritional needs and mental health needs.

- Staff visited people at home to complete a general assessment of their home environment. This ensured any risks were identified, managed and the home was safe for the person and for staff to work.
- Each person had a risk management plan in place and these detailed each risk and detailed how staff would support people to manage them.
- People's risk management plans were reviewed to ensure they met people's current needs. Staff updated people's risk assessments to ensure staff had details about their current needs especially if these had changed so staff could meet them.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor all accidents and incidents that occurred at the service. This process enabled the review of incidents and to identify patterns and reduce any risks. At the time of our inspection no incidents or accidents had occurred at the service.

Preventing and controlling infection

- The infection control policy was in place and followed by staff which helped to protect people from the risk of infection.
- Personal Protective Equipment (PPE) such as gloves and aprons were used by staff to help reduce the risk of infection and cross contamination.

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. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. 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 had an assessment of their needs before using the service. Staff assessed people's needs and identified whether they required support with their personal care, health, mental health, mobility and social care needs. This information helped staff to determine whether people's needs could be met in an effective and safe way.
- Staff recorded any changes in people's needs so this was available to staff. Following a care review staff updated any new information in people's care records.
- The registered manager ensured people's protected characteristics were included in the assessment process. People's assessments contained details of their religion, culture, sexuality needs which are protected by the Equality Act (2010).

Staff support: induction, training, skills and experience

- There were systems in place for staff to be supported during their employment at the service. Staff had an induction, training, supervision and appraisal. One person said, "They [staff] are well trained, 100%."
- Newly employed staff completed the provider's induction process which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also shadowed experienced staff to help them understand the service and how they could support people.
- There was a training programme in place for staff. Training in safeguarding, first aid, medicines management and infection control was completed and records confirmed this. One member of staff said, "The training is really good and I make sure I do all the training, I'm up to date with the training."
- Each member of staff had supervision meetings and a yearly appraisal which were used to discuss their daily practice and identify their personal and professional goals. The registered manager discussed staff's individual needs, strengths and explored their performance and reflected on their achievements.

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

- Care records contained sufficient information about people's health, medical condition and wellbeing.
- Staff made referrals for people to health and social care professionals to ensure their health care needs were maintained.

- Health care professionals provided people with specialist assessments when their needs changed.

Records showed that staff made contact with people's GP, occupational therapist and district nurses when this was required. When people received additional support this was also recorded in their care records.

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

- People had staff to support them with the preparation food and drinks to meet their individual preferences when this was required. People said, "Carer workers make dinner or heat up microwave meals" and "I go to the café."

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

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.

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 checked whether the service was working within the principles of the MCA

- Staff sought people's consent before they supported them to meet their care needs.
- People made decisions about how they received their care and support. Staff involved relatives, health and social care professionals to support people to make decisions when they needed this help.
- Staff received training in MCA and DoLS which helped them to gain an understanding of how to support people in the least restrictive way and within the legal framework of the MCA.

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.

At the last inspection this key question was rated as requires improvement.

At this inspection this key question has remained 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

- Staff knew people's needs well and provided effective support to meet their individual needs. We received feedback from people who described positive interactions with staff. Comments included, "They always make sure the carer has been well briefed about the people's needs" and "The care workers are all very efficient in their job."
- People and relatives said care workers understood their needs and provided care and support that respected their views. People said staff were respectful of them and their home and felt the care and support was effective.
- People informed staff if they had any particular needs, staff recorded and delivered care in line with these individual needs.

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

- Staff encouraged people to become involved in their care. People and relatives were involved and contributed to making decisions in their care. Care records showed that people had made decisions in their care and had signed their care records.
- When people made decisions about their care this was recorded. For example, a person requested a regular visit time and these were agreed and written on the person's care plan and visit schedule.

Respecting and promoting people's privacy, dignity and independence

- People using the service said that staff were respectful of their privacy and dignity. Comments included, "Oh yes, they always show me dignity and respect, that's why I've stayed with them" and "The care workers show me respect and dignity, definitely."
- People took part in activities which interested them and they enjoyed. Staff supported people to get ready for an event or accompany people to local activities if people required this support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager had systems in place for people to have their needs assessed. Before people used the service, staff completed assessments with them to ensure their full care needs were captured.
- Assessments included people's life histories before needing support services. Care records also contained details of people's nutritional, mental health, physical care, medical conditions, mobility and social care needs. This information enabled staff to confirm they were able to meet people's needs in an effective way.
- Care plans contained sufficient details about people's individual needs and this information was used to develop a plan of care. Care plans were reviewed by the registered manager to ensure these were accurate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager worked with people's relatives and kept them updated with their family members care and support if they were involved. Comments included, "There have been a few reviews to check that care is what is needed" and "[I] had a meeting with New Dawn to discuss care requirements."
- People said they had built relationships with the care workers that visited them. People said care workers knew them well and supported them the way they wanted. Comments included, "Care workers are great when they are there, chat with [my family member] and watch quiz shows with [them]" and "If my regular carer is sick or on holiday, the office would ring to let [me] know."
- People managed their social activities independently and went out into their local community. When people's package of care required staff to go out with them, this was provided.

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 p in some circumstances to their carers.

- People had their communication needs recorded in their care records, so staff had this information available to them. The registered manager had access to large print documents for people who needed information presented to them in that format.

Improving care quality in response to complaints or concerns

- The registered manager had a system for people to make a complaint about the service. People and relatives were provided with details of how they could complain about the service. People said that they were confident to make a complaint if they needed. People said, "If I had any issues with carer workers, I can speak to [the] office. They always try and find a solution" and "I haven't complained."

- At the time of the inspection there were no open complaints at the service. However, the registered manager explained how they had managed complaints in the past and had recorded an outcome. The registered manager had kept records of previous complaints made which showed these were managed appropriately to resolve them in line with the provider's complaints processes.

End of life care and support

- At the time of the inspection no one using the service required end of life care.
- Staff had completed training in end of life care which gave them an understanding of how to support people when they required this specialist care.
- Care records detailed the support people wanted at the end of life which included their views and wishes.

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 the last inspection this key question was rated as 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

- The registered manager showed leadership at the service. Staff said that the registered manager was supportive and helped them in their role to enable them to provide effective care. Each member of staff understood their role and one member of staff said, "My job is to make sure people are ok when I visit them and have everything that they need to keep them happy and comfortable."
- The registered manager had systems to complete regular checks of the service. This helped to monitor the quality of the service and to ensure it was of a good standard. The registered manager reviewed several areas of the service which included staff files, people's care records, care logs and medicines management records. The registered manager identified areas for improvement and shared these with staff to drive the development of the service.

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

- Staff said the registered manager was helpful and supportive to them. They said, "[The registered manager] is really is easy to get hold of and listens to my concerns" and "The office staff are always available for advice when you need it."
- The registered manager understood their responsibilities related to their registration with the Care Quality Commission (CQC). They kept us informed of incidents and events that occurred at the service as legally required.
- The registered manager understood how to meet the requirements of the duty of candour and to share information when concerns are raised or when things go wrong.

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

- The registered manager had systems in place for people and their relatives to give their feedback about the service. We reviewed the responses from people and the feedback was positive that described their experiences of receiving care and support.
- People were complimentary about the service and the management. They said, "I am happy with the agency, carers are good" and "The manager is very approachable and listens. The secretaries are nice."
- Staff attended team meetings which provided them with learning opportunities, to meet colleagues and share their work experiences.

Continuous learning and improving care

- The registered manager described the changes in the service which involved the implementation of an electronic call monitoring system. The provider used the electronic system to monitor care workers arrival and departure time, to review care logs and medicine management records. However, this system was not embedded into the service yet, so therefore we could not assess the effectiveness of the system.

Working in partnership with others

- The registered manager and staff had developed working relationships with staff in the local authority and health care services. This relationship helped the registered manager to make referrals to services so people received coordinated care.