

New Dawn Care Agency Ltd

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Inspection report

The Old Shippon
Onibury
Craven Arms
Shropshire
SY7 9AW

Tel: 01584856586
Website: www.newdawncare.com

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28 May 2019
30 May 2019
06 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Dawn Care Agency Ltd is a domiciliary care agency that was providing personal care to 50 older people, people living with a dementia and people with physical disabilities at the time of our inspection.

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

Medicines were not always managed safely. Risks to people were assessed and addressed. Staffing levels were safe. People were safeguarded from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff were supported with regular training, supervision and appraisal.

People and relatives said staff were kind and caring and spoke positively about the support they provided. People were supported to maintain their independence.

Care was person-centred. Staff effectively communicated with people to ensure their voice was heard. The provider had effective complaints procedures in place.

Feedback was sought and acted on. The service worked effectively in partnership with external professionals and agencies.

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

Rating at last inspection

Good (report published October 2016).

Why we inspected

This was a planned visit under our inspection programme.

Enforcement

We have identified breaches in relation to medicine management. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

New Dawn Care Agency Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had expertise in care for older people.

Service and service type

This service 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 service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 May 2019 and ended on 6 June 2019. We visited the office location on 6 June 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people and their relatives on 28 and 30 May 2019.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used the information the provider sent us in the 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 used all of this information to plan our inspection.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by New Dawn Care Agency Ltd.

During our inspection we spoke with five people and eight relatives. We looked at three care plans, nine medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager, the deputy manager, two senior carers and four carers. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

After the inspection

We reviewed evidence the provider and registered manager sent to us in relation to medicines management, including new audits they were introducing.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always administered as directed.
- Medicine administration was recorded electronically and on paper MARs. The information contained on these did not always match to create an accurate record of administration.
- Medicine records were not effectively audited to ensure medicines were administered safely and lessons learned from mistakes.
- Following our visit the provider and registered manager sent us evidence of the changes they were making to medicines management, including introducing audits.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People told us staff made them feel safe. One person said, "I feel safe with them they do things like check the temperature of the water for me before I get in the shower."
- Risks to people were assessed, and plans put in place to reduce the chances of them occurring.
- Plans were in place to support people in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately report any concerns they had.
- Where issues were raised they were appropriately dealt with and reported to safeguarding authorities.

Staffing and recruitment

- People said they were supported by staff they knew who usually arrived on time. One person said, "They are usually on time and base will ring me if they are delayed."
- The registered manager monitored and planned staffing levels to ensure people received safe support.
- Robust recruitment checks were carried out to reduce the risk of unsuitable staff being employed. This included obtaining references and completing Disclosure and Barring Service checks.

Preventing and controlling infection

- The provider had effective infection control processes in place, including infection control training.
- People confirmed staff wore gloves and aprons where needed.

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's support needs and preferences were assessed before they started using the service to ensure it could provide them with the right support.
- People, relatives and external professionals were involved in designing people's care.

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

- Staff worked effectively with external professionals to monitor and promote people's health and wellbeing.
- People were supported to access healthcare services.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to provide effective support.
- Some refresher training was overdue, but plans were in place to ensure staff received this.
- People said staff were skilled in their role. Comments included, "I think they go on frequent courses and they all know how to use my equipment" and, "I think they are really well trained."
- Newly recruited staff completed induction training to ensure they had the confidence and skills to support people.
- Staff were supported with regular supervision and appraisal. One member of staff said, "It's useful as it's a chance to raise things. It's an ongoing conversation."

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

- Some people received support with eating and drinking as part of their care package. Where this was the case they said staff provided the support they wanted and needed.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The principles of the MCA were followed in care planning and delivery.
- Some people's consent to care had not been recorded in their care records. The registered manager had identified this issue and was working on addressing it.

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 good. At this inspection this key question has remained the same.

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; equality and diversity

- People spoke positively about the care they received. Comments included, "They are there for anything I need" and, "(Staff) are all very nice and we laugh and joke."
- People described professional but close and friendly relationships with staff. One person told us, "I think this bit where we sit and chat is such an important part of my care package and I really enjoy it."
- Relatives said people had positive relationships with staff supporting them. Comments included, "The staff are very caring" and, "[Named person] has a good rapport with them."
- Staff were committed to providing kind and caring support, and said they enjoyed getting to know people. One member of staff told us, "You learn all sorts of lovely things about people doing this job."
- The service promoted principles of equality and diversity. For example, the registered manager was working with a local charity on developing best practice guidance on Lesbian, Gay, Bisexual and Trans issues.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with dignity and respect. Comments included, "They are very polite and listen to what you need and sort it out" and, "The staff are always polite."
- Relatives spoke positively about how staff protected people's dignity. One relative told us, "[Named person] gets on really well with the carers and they treat him with respect."
- People and relatives said staff supported people to be as independent as possible. One relative told us, "They recognise her need for independence and support her to achieve her goal."

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

- People and relatives said they were regularly asked for their feedback, and that this was acted on. One relative told us, "I felt [registered manager] listened to the feedback I gave her."
- An annual feedback survey had most recently been carried out in May 2019. This contained positive feedback on the service.
- At the time of our inspection nobody using the service was supported by an advocate, but procedures were in place to arrange this if needed. Advocates help to ensure that people's views and preferences are heard.
- The service had received a number of written compliments from people and relatives. One relative had written, 'It was evident that they consider their role as a vocation rather than a job and this was refreshing and heart-warming to see.'

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

- People said they received the care they wanted and needed. One person told us, "They have been very responsive to my needs and really understand my condition."
- Relatives told us the service was responsive to people's support needs. One relative said, "They are so supportive and respond to her changing needs."
- Care plans were personalised and regularly reviewed to ensure they reflected people's latest needs and preferences.
- People and relatives said they were involved in drawing up and reviewing care plans, which ensured people's voices were heard. A relative told us, "We were all fully involved."
- The service had effective systems in place to ensure staff received handovers of the latest information on people. One member of staff said, "Staff chat to each other regularly about 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.

- Staff were able to communicate with people effectively and help them to express themselves. A relative told us, "They communicate well with one another and I feel she can sometimes read [named person's] mood without any communication from her."

Improving care quality in response to complaints or concerns

- Effective systems were in place to investigate and respond to complaints. No complaints had been received since our last inspection.
- People and relatives were aware of the complaints process and said they thought the service would respond to any issues they had. One person said, "I am sure they would listen."

End of life care and support

- Nobody was receiving end of life care at the time of our inspection, but policies and procedures were in place to arrange this should it be needed.

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. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance audits were carried out to monitor and improve standards at the service, but these did not include effective medicines audits.
- Following our visit the provider and registered manager sent us evidence of the changes they were making to medicines management, including introducing audits.
- Staff spoke positively about the leadership and support provided by the registered manager. One member of staff said, "Management is really good. You can speak with them really easily."
- People and relatives said they knew the registered manager and could raise concerns with them. One person said, "[Registered manager] is very nice, and we can tell her anything."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff said the service had a positive culture and caring values, and that they enjoyed working there. One member of staff told us, "It's very much person-centred."
- People and relatives spoke positively about the service and the support it provided. One relative told us, "We trust the company to do the right thing in any circumstance."
- People and relatives said their feedback was regularly sought and acted on. One person said, "They seem easy to get hold of and will call me back in a timely manner if necessary."
- Staff said there was good communication within the service and they felt their voice was heard. One member of staff said, "I often come in and chat. We have good staff morale here. We all get on well."

Continuous learning and improving care; Working in partnership with others

- External professionals spoke positively about their working relationships with the service. One external professional told us, "I always find them professional and helpful."
- The service had links with a number of community organisations and agencies to help develop and share best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Regulation 12(1).