

New Dawn Recruitment Agency Limited

Lombard Business Park

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

We inspected Lombard Business Park on 25 January 2016. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

Lombard Business Park is a service which provides personal care to adults in their own home. At the time of our visit there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to 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 2008 and associated Regulations about how the service is run.

We previously inspected Lombard Business Park in July 2015. We found the provider was not meeting all the legal requirements and regulations we inspected. We found there were inadequate arrangements in place for people to receive their medicines safely, people were not protected from avoidable harm and did not receive personalised care. There was also a lack of effective management at the service. We asked the provider to take action to make improvements. The provider sent us an action plan and this action has now been completed.

During this inspection we found that there were arrangements in place to protect people from abuse which staff were aware of. Staff had received safeguarding training. They had good knowledge about how to identify abuse and how to report any concerns.

Care was planned and delivered to ensure people were protected against foreseeable harm. People had risk assessments which were personalised and identified a variety of risks. The risk assessments gave staff sufficient information on how to manage the risks identified.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied. Staff controlled the risk and spread of infection by following the service's infection control policy.

There were appropriate arrangements in place to ensure people received their medicines safely. Care plans provided information for staff about how to meet people's individual needs.

Staff had relevant training and experience to deliver care effectively. Staff supported people to have a sufficient amount to eat and drink. Staff worked with a variety of healthcare professionals to support people to maintain good health.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in

their care. People were given choice and felt in control of the care they received.

Staff were kind, caring and treated people with respect. People were satisfied with the quality of care they received. People were supported to express their views and give feedback on the care they received. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to make a complaint and discuss their care. There were systems in place to assess and monitor the quality of care people received.

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.

The service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff spoke confidently about how to recognise abuse and report any concerns. Risks to individuals were assessed and managed.

Staff were recruited using effective recruitment procedures. There was a sufficient number of staff to help keep people safe.

People received their medicines safely. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and experience to care for people effectively.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. The care people received met their needs.

People and their relatives were given the opportunity to make suggestions and comments about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received. There was evidence of learning from concerns raised at our previous inspection and internal audits. We saw that changes had been implemented as a consequence of these.

People's care files, staff files and other records were securely stored, well organised and promptly located.

Lombard Business Park

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.

This inspection was carried out by a single inspector who visited Lombard Business Park offices on 25 January 2016..

Before the inspection we reviewed all the information we held about the service. This included routine notifications and safeguarding concerns and previous inspection reports.

We spoke with three people using the service, three staff members including the care co-ordinator and with a person's social worker.

We looked at four people's care files and four staff files which included their recruitment records and training certificates. We looked at the service's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and knew who to contact at the service if they had any concerns about their safety. One person commented, "I feel safe." Another person told us, "I don't have any concerns and I can always contact the office." People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to report another staff member's conduct if they felt another staff member posed a risk to a person they were caring for.

At our previous inspection we found that people's risks assessments were not personalised. They did not identify obvious risks associated with people's health conditions and did not give staff sufficient information to enable them to manage the risks identified. During this inspection we found the risks people faced were identified, assessed and managed. Risk assessments were personalised and considered a variety of risks including the risk posed by people's environment and their health conditions. Where risks were identified, staff were given sufficient information on how to manage the risks. This minimised the risk of people receiving care or support which was inappropriate or unsafe.

People told us staff usually arrived on time and stayed for the time allocated. People knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely was assessed. People told us they received care and support from the right number of staff.

Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

At our last inspection we were concerned that there were unclear arrangements in place for administering medicine to people. During this inspection we found there were appropriate arrangements in place to ensure people received their medicines safely. People's care plans clearly stated whether staff were required to prompt or administer medicine. Staff administering medicines were required to complete medicine administration record charts. The records we reviewed were clear and fully completed. People told us they were supported by staff to take their medicines when they were due.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. People told us staff always wore gloves and aprons when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, "My carer is good" and "All the ones I've had seem to know what they are doing."

The provider supported staff through regular, relevant training and supervision. Newly appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role.

Staff received appropriate professional development. Staff told us and records demonstrated that they had regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Some but not all staff employed by the service for more than one year had received an annual appraisal. Staff received training in areas relevant to their work such as moving and handling people and safeguarding. Staff were encouraged and supported by the provider to obtain further qualifications.

People were asked for their consent before care and support was delivered. 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 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. We checked whether the service was working within the principles of the MCA. Staff were familiar with the general requirements of the MCA. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process before they began to use the service. For example, some people's assessment stated they required support with the preparation of their meals. People's preferences were catered for. Staff knew what represented a balanced diet and supported people to have a healthy, balanced diet.

Staff supported people to maintain good health. Records demonstrated that staff supported people to have access to healthcare services by attending hospital and other healthcare appointments with them. Staff were in regular contact with a variety of healthcare professionals on people's behalf.

Is the service caring?

Our findings

People told us the staff were kind and caring and treated them well. One person said, "They [staff] are good to me." Another person told us, "They [staff] look after me well." People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name and asked for their permission before providing support. Staff were able to describe how they helped maintain people's dignity while they were providing personal care. It was clear from speaking to people that they had developed meaningful relationships with their regular carers.

The provider recognised the importance of consistently providing the same staff so they knew the people they were supporting well. The office staff were aware of which people staff had supported in the past so that when a person's regular carer was on holiday or off sick, they were replaced by someone the person was familiar with. People told us they were kept informed by the office staff if their regular carer would not be able to attend. People appreciated that there was continuity of care. One person told us, "I usually have the same carers and I'm happy with them."

People told us they were given a lot of information on what to expect from the service and how they could make contact with the office staff and manager. People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. People were involved in their needs assessments and involved in making decisions about their care. This included the frequency of visits, the tasks to be carried out and how they preferred their care to be delivered. People felt their views were listened to and respected.

People told us they were supported by staff to be as independent as possible. One person told us, "I like to do things for myself as much as I can, so they [staff] only help me with the things I can't do for myself." People's needs, values and diversity were understood and respected by staff. People from other cultures told us staff prepared food they were used to and preferred. People's social and spiritual needs were taken into account in their care planning. Records indicated and people confirmed that staff supported them to go out as often as they wanted to.

Is the service responsive?

Our findings

At our previous inspection people had mixed views about how responsive the staff were in meeting their needs. During this inspection, people told us they were satisfied with how the staff understood and met their needs. People commented, "They do their best and I'm happy with them", "They do just fine" and "I can't complain at the moment. They usually turn up on time and do what they have to".

At our previous inspection, we were concerned about the standard of care planning. People's care plans were not always updated when a change in their needs had been identified and did not contain sufficient detail to enable staff who were not familiar with the person they were supporting, to understand that person's needs. As part of the provider's action plan to make the required improvements, the care co-ordinator had attended training in conducting care and risk assessments and drafting care plans. After our last inspection each person's needs had been re-assessed and new care plans had been completed. The care plans were personalised and contained sufficient detail for staff to fully understand people's needs, routines and how they preferred their care to be provided. This helped staff to provide people with consistent care that met their needs.

People had regular opportunities to give their views on the quality of care they received. These included surveys as well as telephone calls and visits from the care co-ordinator. People also felt comfortable ringing the office to discuss any issues affecting their care or raise queries. The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us their complaint was responded to promptly. Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve it. For example, where there had been complaints that staff arrived late to deliver care, this was raised with the staff involved. The person who made the complaint told us that staff time-keeping had improved.

A variety of external health care professionals were involved in people's care. The communication between staff and external agencies was good. People with newly identified health care needs were referred to the appropriate specialist promptly. There were systems in place to ensure people attended their hospital and other health care appointments and to ensure that all staff were aware of the appointments.

Is the service well-led?

Our findings

People told us the service was well-led. People commented, "They seem to be well organised" and "They turn up on time and they always answer the phone when I ring the office."

At our previous inspection we found that the arrangements in place for checking the quality of the care people received were not always effective. After that inspection new systems and audits were introduced. These included reviewing people's records of care more frequently to check whether care was being delivered in accordance with people's care plans.

At induction staff were made aware of their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities. They were well motivated and spoke positively about their relationships with the office staff and the support they received from each other and the care co-ordinator.

The service's values included privacy, dignity and high quality care. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced spot checks and formed the basis for the questions in the feedback questionnaire.

The provider sought to improve the quality of care people received by obtaining and acting on feedback from people. The service used the information gathered from its internal audits and recommendations made by external organisations such as the CQC to make improvements to its policies and procedures and to improve the quality of care people received.

We requested a variety of records relating to the people using the service, staff, maintenance and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to maintenance and management of the service were well organised and promptly located.