

New Generation Healthcare UK Ltd

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Inspection report

Unit 407, Cannon Wharf
Pell Street
London
SE8 5EN

Tel: 07308156826

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

New Generation Healthcare UK Ltd is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for approximately 26 people.

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

Risk to people were not always assessed and planned for. The provider needed to ensure that risks regarding specific health care conditions were assessed, and staff had the correct information to care for people in a safe way. Medicines were not recorded in line with the provider's policy. People were not always notified when care staff were running late.

The provider did not have effective quality assurance systems in place to monitor, manage and improve service delivery. Care plans were not always person centred and did not provide consistent information. This meant staff did not always know important information about people.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Staff understood the provider's safeguarding policies and were familiar with the reporting procedures. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Most people were happy with the care they received, and they felt care workers were considerate. People's privacy was respected, and their dignity was maintained. People told us they felt safe and that the registered manager was kind and caring. Staff felt supported by the registered manager.

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

This service was registered with us on 20 December 2020, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, safe care and treatment, consent, and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

New Generation Healthcare UK 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The service was inspected by 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 care service.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service was small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the regulated activity provided. We reviewed a range of records. This included four people's care records and four people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at client support plans and risk assessments. We spoke with eight relatives about their experience of the service. We contacted nine professionals who worked with the service, and we received feedback from three. We spoke with five staff members.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Medicines were not always administered safely. People had been prescribed medicines to be administered as required (PRN). The provider was not following their policy as the medicine administration chart (MAR) stated that if PRN was not administered staff were to record it within the MAR chart. We observed this had not been completed in two people's records. In another person's record it had been completed incorrectly.
- The provider completed risk assessments to identify the risks people faced while receiving a service. We noted that where risks had been appropriately identified the risk management plans were not always robust enough to clearly inform staff of the action needed to take to minimise the risks. For example, we read one person's 'health was deteriorating and they were at significant risk of bleeding' but there was no other information recorded to guide staff.
- One person who used the service was being cared for in bed and had a pressure ulcer. Their support plan stated, 'they were at risk of pressure sores'. There was no skin integrity risk assessment completed and there was no detail or guidelines for staff to know how to support the person and monitor the pressure ulcer, or if the district nurse was involved.
- In another person's file it was recorded 'They could not manage dry food, so they needed lots to drink and the food to be moist.' The risk assessment stated they were at low risk of choking and no other information to guide staff.

This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection we raised our concerns with the registered manager. Since the inspection the provider has provided us with evidence to demonstrate the risks? had been mitigated.
- Staff administering medicines had completed annual training. There was evidence of spot checks been carried out by the registered manager to check staff had the skills to administer medicines safely.

Staffing and recruitment

- People received support from staff who were familiar with their support needs. However, we received mixed feedback about punctuality of staff. One relative told us, "The other day they turned up two hours early for the 1pm call. We're always getting excuses for their timekeeping "and"[Relatives] gives him his pain relief to coincide with the carers coming along so that it's kicked in when they are with him, if they are late, it all goes wrong, so we need good time keeping. When they are late, it doesn't work well."
- The system the provider had in place to review call times was not effective, they had the IT software, but

they had not implemented the new call monitoring system. We raised the feedback with the registered manager, and they told us they were planning to implement a new system as they recognised improvements needed to be made.

- Staff told us that there were adequate staffing levels to provide the care people needed and they had enough time to get to their calls.
- Recruitment practices were safe and there were appropriate systems for recruiting staff to make sure they were suitable for the positions. These included making checks on their suitability and employment history.

Learning lessons when things go wrong

- The provider was recording accidents and incidents and we could see evidence of the provider addressing incidents when they arose, however there were no effective systems in place to analyse incidents and accidents to ensure lessons could be learnt to reduce the likelihood of an incident reoccurring. We raised this with the registered manager, and they recognised the need to review their practice.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt care had improved in recent months and they felt safe. Comments included, "Yes absolutely, honestly, they are supporting us very well " and "Yes, we have good care from them."
- Staff received safeguarding training and knew they could report safeguarding concerns to the registered manager and there were systems in place to ensure people were safeguarded from abuse.

Preventing and controlling infection

- The registered manager had effective measures in place to help minimise the spread of infection.
- Staff received training in infection control and received a supply of personal protective equipment (PPE). The registered manager confirmed the service had plenty of PPE supplies and staff confirmed this.
- The registered manager confirmed spot checks assessed if staff followed good infection and prevention control practices and we saw evidence recorded within staff's files.
- Staff had weekly COVID-19 tests to check if they had a positive or negative result and the registered manager was recording all results.



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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager was not recording people's nutritional and hydrational needs. For example, people's care plans did not identify what support people required to prepare their meals. We read in one person's care plan that they needed 'Assistance with breakfast, lunch and tea ' but there was no other information recorded to guide staff on how to complete the task.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider's processes for identifying and supporting people who lacked mental capacity were not robust as it was not always clear how decisions around people's care had been made or agreed. For example, some people had not signed their paperwork, but the registered manager was not clear why this had not happened.
- The provider had not always completed capacity assessments for people whose capacity to consent was in doubt.
- Care plans and risk assessments were not always signed for and we did not see records of verbal consent sought.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Staff understood the principles of the MCA and told us they always sought consent before they started delivering care. Comments included "I always ask before I provide care".
- Relatives told us they observed staff offering choices and staff were respectful. One relative told us, "They know what to do, but they always ask beforehand."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was not always delivering care in line with current guidance and law. People's protected characteristics under the Equality Act (2010), such as religion and disability were not recorded, and we could see no evidence if these were discussed with people when they were been assessed.
- We discussed the assessment process with the registered manager who told us that they used the referral form from the local authority to pre-populate the assessment form. This meant there was lots of duplication with the paperwork and important information relating to how people would like their care to be delivered was not discussed.
- On the day of the inspection we raised our concerns with the registered manager. Since the inspection the provider has provided us with evidence of their new assessment process.

Staff support: induction, training, skills and experience

- Staff received a thorough induction which provided them with skills to care for people in a safe way. Staff received face to face training and online training dependent upon their previous work experience. Relatives had mixed opinions about staff training but they all agreed staff knowledge and training had improved in recent months. Comments included, "Not too bad – they seem to be more experienced than in the past – I think they've got to know [Person] now and "The carers have to use a hoist to move [relative], and [person] gets anxious, but they are very good. I watch them move [relative] and it's always safely done
- Staff had regular supervision and support and staff told us they felt it developed their skills and knowledge.
- The registered manager had systems in place for yearly appraisals once staff had been in post for over a year.

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

- The provider had worked with healthcare professionals to help make sure people's health needs were met. Relatives confirmed this. One relative told us, "Staff had liaised with the district nurse when required and, "The manager is trying to get some [therapy] arranged for [relative], as they need this help now."
- We saw evidence of the registered manager making referrals to GPs when they identified people had a specific need and had followed this up to make sure people received the support they required.
- Feedback from professionals was also very positive. One professional told us, "They are professional and dedicated. Patient and helpful in their day-to-day interaction and interventions with patients. I highly recommend their collaborative and liaison work with [us]."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Whilst relatives told us individual staff were caring, some aspects of the service meant that people were not always cared for appropriately. For example, the provider had not assured themselves that staff had the necessary information to care for people in a safe way to meet their needs.
- Staff treated people well and with respect. Comments included, "They are nice, friendly people. They even check on me to make sure I'm OK" and "They provide good care to [person], they are bed bound and they are supporting him well, they are a good team."

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

- There was no evidence to demonstrate that people were able to make decisions about their care. For example, they were not involved in developing their own care plans and there was limited information about their known choices. However, relatives confirmed that they were able to express their views and opinions and were involved in making decisions about their care. People told us they felt listened to. One person told us, "I'm involved, and they listen to what is important to me."

Following the inspection the provider submitted evidence of how they were improving their care planning processes.

- The registered manager was aware of how to make referrals to advocacy services when required. Advocacy services are trained professionals who support, enable, and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of encouraging people to be independent. One staff member said, "We know what they can do for themselves so I chat to the person, for example if they can do it, it's good that they do it. I assist them, that's my job, but it is important they try and do it."
- Relatives confirmed that staff worked to ensure people were supported to be independent. One relative said, "Before they started, [person] wasn't eating very much and was sleeping most of the time. Now, the carers have got [person] up and help him/her with his/her shopping."
- Staff told us they were committed to ensuring people's dignity and privacy was respected. One staff member told us they closed people's curtains before delivering any care or support.
- Staff understood the key principles in relation to keeping confidentiality and protecting people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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; End of life care and support

- People's care was not always personalised. There was no information recorded on how people would like their personal care to be delivered and very limited information about people's lives, families and hobbies.
- We read conflicting information about people. For example, we read information about how the layout of a person's house had a significant impact on how care could be delivered. There was no information recorded to guide staff on how best to support this person.
- There was no evidence of reviews being held to update people's records and help ensure they received care appropriate to their changing needs.
- The provider was predominately supporting people who were requiring end of life care and support. The registered manager was only recording information that was collated at the referral assessment stage, this meant staff did not have important information about what was important to care for people who were at the end of their life.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's sensory and communication needs had not been assessed. We read in one person's care plan they had a visual impairment but there was no other information recorded. We discussed this with the registered manager, and they acknowledged they needed to review their care planning processes.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to any complaints received. We could see what action the provider took to address complaints and concerns.
- Relatives we spoke with said they knew how to make a complaint. For most people who had made a complaint, they said it was dealt with appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection. For example, the provider's monitoring systems had failed to identify the concerns we found in relation to medicines management and working within the principles of the MCA. When we spoke with the registered manager, they recognised that they did not have effective systems in place to ensure the service was providing safe care and support.
- Accurate, complete and contemporaneous care records were not always maintained. The registered manager told us they were planning to introduce a new care record system, but the registered manager recognised that further improvements needed to be made to ensure risk assessments and care plans contained sufficient information about risks to people's safety and the mitigation of those risks.
- The provider's arrangements to monitor the quality of the communication records were also ineffective as they were completing some monthly audits, but failed to identify staff were not completing the MAR sheet correctly.
- Relatives raised late calls as an ongoing issue, yet the provider had not prioritised monitoring call times to ensure people received their care at the agreed times.

The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and the Nominated Individual on the day of the inspection, and they recognised that they did not have effective systems in place to ensure the service was providing safe care and support. As a result, they made a decision to stop taking new clients and review their processes to ensure care was delivered safely.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility and were open and honest during the inspection. The registered manager admitted that they "needed to review how the service was operating".

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

- People and professionals spoke well about the registered manager and how staff were also responsive to their request for information and updates. One healthcare professional commented, "They take their work seriously and work in the best interest of patients. No patient has relapsed / admitted to hospital because of being proactive with the work they do. Always on time to supervise medication to the patient. I can't find anything negative to say about the service from New Generation Healthcare UK LTD since they started working with us."
- The registered manager had regular staff meetings where relevant issues were discussed, for example infection control. Staff confirmed that they found these meetings helpful and they were glad these meetings were happening face to face now.
- The registered manager carried out surveys regularly and people confirmed this. Comments included, "Yes, they called me a couple of weeks ago to check on things. They do phone me up" and "Yes, I get regular phone calls asking how things are going."
- People spoke very positively, and all eight relatives said they would recommend the services. Comments included, " I would give the service four and a half stars out of five stars – I never give five stars" and "What I would say [is] that they need to keep the level of care consistent. On a good day, it is very good."

Working in partnership with others

- Professionals confirmed that the registered manager was good at working with providers at a local level. One professional stated "Staff adhere to meet patient's needs, good communication with both staff and patient and [they] are very proactive. Staff are flexible, time keeping and always feedback on how the patient is doing and if they see any signs of relapse / concerns. They will report if the patient is running low on meds. They show a great deal of care and are friendly."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005 where a person did not have the mental capacity to make an informed decision.</p> <p>Regulation 11</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.

Regulation 17 (1)