

Newdon Care Services Limited

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Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 5 and 6 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. This was the first inspection we have carried out at this location.

Newdon Care Services Limited is registered to provide personal care. Support is provided to people in their own homes.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Information in care plans and risk assessments was not always updated when a person's needs changed. This meant people could be at risk of inappropriate care and support that did not meet their current needs.

The majority of people told us they felt safe in the care of the staff and staff had a good understanding of abuse and their responsibilities in keeping people safe.

Our observations evidenced there were enough staff on duty to meet people's individual needs.

Checks were carried out prior to staff being offered a job at the agency which helped to ensure people being employed were of good character.

Staff spoken with told us they felt very well supported by the registered manager at the service. They said they were able to speak with them at any time to ask for assistance or advice. We saw there was a policy in place for the formal supervision of staff; however records of supervisions and appraisals with staff had not always been recorded.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

In the main people spoke positively about the care and support they received from the care workers.

Staff respected the right to confidentiality for people who used the service. The service user guide described how people's confidentiality was kept.

Most people told us they could talk to their care workers and the office staff at Newdon care Services. They said if they had any concerns or worries they were confident staff would listen to them and look at ways of

resolving their issues. Some people said they had not received feedback about what was done in response to them raising a concern.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found these had not been effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 12: Safe care and treatment and regulation 17: Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Care plans and risk assessments were not always updated and reviewed which could put people's health and wellbeing at risk.

People told us they felt safe and staff were aware of their responsibilities in keeping people safe.

Medication administration records were fully completed which helped to ensure people were administered their medicines safely.

Enough staff were employed to meet the needs of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff told us they were provided with regular supervisions and yearly appraisals but not all records of these were on their file.

Staff had completed a programme of training and were trained to care and support people who used the service safely.

The managers and staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives had built positive and supportive relationships with their care workers.

Staff were skilled in making sure people's privacy and dignity was maintained.

Staff understood the importance of making sure confidentiality was kept.

Is the service responsive?

The service was not always responsive.

There was a complaints system in place. In the main comments and complaints people made were responded to appropriately, although some people felt they had not received feedback from their concerns.

People's needs were assessed prior to being offered a service. Subsequent care plans completed for people had not always been kept up to date.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The monitoring and audit processes did not identify all shortfalls in the service so they could be addressed and improved.

Staff felt well supported by the registered manager and their line manager.

The service had a full range of policies and procedures available to staff.

Requires Improvement 

Newdon Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We undertook an announced inspection of Newdon Care Services Limited on 5 and 6 June 2017. We told the manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure they were available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within our requested timescale.

At the time of this inspection the service was supporting 20 people who wished to retain their independence and continue living in their own home.

The inspection team consisted of three adult care inspectors 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.

On 5 June 2017 we visited four people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we met with four relatives and spoke with two care workers. We also contacted 15 people over the telephone and were able to speak with four people who used the service and six of their relatives.

On 6 June 2017 we visited the agency office and spoke with the registered manager, the care coordinator,

the finance manager and four care workers.

On 6 June 2017 we also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MAR's) and other records relating to the management of the domiciliary care agency. We also looked at four staff training, support and employment records.

Is the service safe?

Our findings

We asked people if they felt safe when the care workers were in their home and did they trust them when providing personal care? People told us they did feel safe when being cared for. Their comments included, "Nothing bad, I've never been hurt," "Safe. Pass! Pass! Pass! I've never had anything bad happen," "The staff are competent and safe, they don't rush me, they give me time," "Yes I feel safe but they left the back door wide open and blamed each other for it when I complained" and "The staff are kind and gentle. I have bad legs and I tell them to be careful when they put me in the sling. I've never been hurt."

Two relatives told us, "Yes, my partner is very safe in their care. I don't have to worry about that" and "I've never had any reason to think they're not safe and well cared for." Two other relatives said, "At first it was alright but all of a sudden we got the younger ones, they don't speak English and make a lot of mistakes" and "They are a bit slack; sometimes they don't know what they are doing, about six weeks ago the hoist nearly toppled over. They get into a bit of a panic if things go wrong, knocking things off the table at the side of the bed. Last week they ran the wheelchair into the wall and damaged the wallpaper."

Whilst out visiting people in their homes we looked at the information available for staff. We found each person had a care plan and risk assessments. The care plans seen had not all been updated and reviewed when a person's needs had changed. For example, one person's care plan stated they were fed through a feeding tube. When we spoke with this person they told us the feeding tube had been removed several months ago. Although staff were not supporting this person with their food and nutrition it is important they have the correct information about the person in a care plan so they are fully aware of the person's health and wellbeing.

We also found some risk assessments had not been reviewed and updated when potential risks to people were identified. For example, one risk assessment stated that the person's moving and handling assessment would require changing when building work in their house was completed. We were told by the person's relatives all building work was completed but the risk assessment had not been updated. Out dated and incorrect information in care plans and risk assessments could put people who use the service and the staff at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Staff spoken with told us they had received training in safeguarding adults from Doncaster Metropolitan Borough Council (DMBC). They had a good understanding of their responsibilities for keeping people safe and knew what action they would take if they had any concerns about people's safety and welfare.

We found where necessary the registered manager had reported safeguarding concerns to the appropriate people so they could be investigated in line with the agreed South Yorkshire safeguarding protocols.

The registered provider had a safeguarding and whistle blowing policy, which staff were aware of.

Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. We found the whistle blowing policy was not very clear and did not provide information to staff about what action they could take if they chose to whistle blow. The registered manager told us they would change the policy so that staff were clearer about what to do should they wish to raise any concerns.

The registered manager kept a record of all accidents and incidents. We saw when there had been an accident or incident an investigation was completed to look at why this happened. Actions, such as staff retraining had been completed which helped to prevent further reoccurrence of the accident or incident.

At the time of the inspection staff were supporting three people with their medicines. We looked at the records kept of medicine administration and found these were fully completed. Staff had signed to confirm they had administered medicines and creams, or recorded a code to identify why a medicine was not administered. All staff had completed training in medicine administration. Staff told us managers had observed them administering medicines during spot checks; however we found this was not recorded on the spot check proforma.

We looked at the recruitment files for four staff and found checks had been completed prior to people being employed. For example employment history had been recorded and Disclosure and Barring Service Checks (DBS) were completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. In two files we found a small gap in the record of previous employment. We asked the registered manager to speak with the staff concerned and add the additional information required to ensure they had a full and complete record of each person's employment history. In one person's file we saw request letters had been sent for references but no references were on file. The registered manager assured us references had been obtained and following the inspection copies of the references were forwarded to us.

At the time of the inspection the agency was providing care and support to 20 people and 18 staff were employed. This meant there were enough staff to ensure care and support was provided to people at the agreed times and frequency. Most people told us they had never had a missed visit and they could rely on the staff to turn up at the time and on the day they should. One relative told us their family member had missed two visits on one day when there had been "some sort of mix up." They told us this was a "one off" that had been resolved.

People and their relatives told us staff wore personal protective equipment (PPE) when it was appropriate to do so. For example staff wore gloves when providing personal care and put on shoe covers if they were asked to so that mud was not trodden into their home. We saw confirmation of this when two staff visited a person whilst we were carrying out home visits.

Is the service effective?

Our findings

We asked people who used the service and their relatives if their visits were on time and if someone always turned up. We also asked if they were informed if staff were delayed and did they have regular care staff. Responses were mainly positive with no major problems identified. People's comments included, "Always on time, they ring if they're going to be late. No they've never not turned up. More or less the same staff. I know them all," "Yes they are usually on time and always turn up," "They're nearly always on time. They were late a time or two for my shopping trip but ring me up and let me know or ask me if I will change the day" and "They can't always be on time. On the odd occasion they ring if they are delayed with a breakdown or something."

Relatives told us, "They're very reliable and always ring if they're running late and apologise for this," "They are on time, give or take. They contact me if they are running late. They don't rush off when they get here" and "They didn't turn up one night; I rang but I couldn't understand what they were saying so I gave up."

We asked people receiving support if they felt staff were competent to do their job. The main issues outlined related to some newer staff who people told us did not speak English fluently. We were told by a number of people there was a language barrier, a lack of social interaction and competence and understanding of what was required of them in terms of the care. Their comments included, "The regulars do a thorough job. The language barrier is the problem. They don't seem to know what to do unless you tell them. They just look at you," "All of a sudden we got the younger ones, they didn't speak English. We didn't understand each other. They don't talk, just stand there looking at me," "Some are good workers, some are slack, and look lost you can't get through to them. They are ignorant, don't speak just stand there with funny smiles. We just get by really I have to check when they've gone that they've done a proper job" and "I asked for marmalade and they brought jam. I asked for some chicken soup and they brought all the tins in to show me as they didn't know which it was."

Other people and their relatives spoken with were very positive about the staff and told us, "Thorough, not half they do an excellent job," "They're knowledgeable and skilled, no problems" and "They're so much better than the last ones we used. They know what they're doing and they do it well."

In total we met with seven staff and the registered manager. Staff spoken with were good communicators and easily understood. We spoke with the registered manager about the concerns raised by some people about the difficulties they had in communicating with some staff. The registered manager told us they would address this and look at the issues raised so they could take action, where necessary to improve staff communication with people.

Staff had completed a full programme of mandatory training including food safety, health and safety, first aid and moving and handling. They told us some training was provided by DMBC and other training was in-house and via e-learning. Additional training in topics such as dementia, infection control and grieving and bereavement had also been completed. Staff told us they had found the training useful and it had helped them in their work role. One staff said, "We learn something every time we go."

Staff spoken with said they received good support from the managers of the agency. They said they could approach them at any time and ask for help and advice. Whilst at the agency office we observed staff visiting the office and saw there were positive, supportive relationships between the staff and managers. Staff told us they received regular individual supervisions (one to one meetings with their line manager) and appraisals and attended staff meetings. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. When we looked at staff files we saw some evidence of supervisions and appraisals but records did not confirm these were provided at the frequency identified in the registered provider's supervision policy, of six times per year. We asked the registered manager if they had a supervision/appraisal matrix but he told us this was not up to date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and had a good understanding of this legislation.

Staff we spoke with had received training in MCA and had a satisfactory understanding of involving people in decision making and acting in their best interests. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with their planned care.

People spoken with told us they were not supported by the staff with their nutrition and hydration, as they were either self-caring or had a family member to assist them. Staff spoken with told us they had completed training in food hygiene and as part of their 'Care Certificate' had covered training in assisting people to maintain a healthy diet. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Is the service caring?

Our findings

We asked people and their relatives what standard of care and support they received. In the main comments were positive, although language seemed to have been a problem for some people. Their comments included, "Brilliant, very caring, very good with [family member]. He can be demanding but they cajole him. Very thorough, very kind and patient," "Lovely people, very caring. Never say they won't do anything. The main thing is they genuinely like the people; they make a fuss of our dogs. Become friends really. I am very pleased," "They don't seem too bad, sometimes I can't understand them but they are a lovely bunch of women and girls. Mum has really taken to the older ones. Mum can be headstrong but they are placid, never retaliate. Tell me it's not mums' fault, she doesn't understand. When they arrive they go straight through and talk to mum," "Language barrier is the problem. There is no conversation with them but they are sweet and nice when caring. Could be a lot better. They won't cook me anything, said they are not allowed to put the oven on," "Excellent, first class" and "Care is alright, they do a good job."

We asked people if they thought themselves and their homes were treated with dignity and respect. The majority of people said yes, although there were a few comments about damage to their belongings, caused by the staff whilst they were carrying out their care tasks. Their comments included, "They are careless, have caused more damage in this bungalow in two years than I have in the 37 years I have been here. I am fed up of telling them," "They don't clean up after themselves. Throw towels and flannels on the floor. Never seem to have a pen. Mine keep going missing off the table where their book is," "They always tidy up after themselves. I would describe them as fastidious," "They are particularly good with privacy and dignity. I think they've had some good training. They are so much better than the last company we used" and "I do have some males that care for me, but that's fine, I don't mind because they are all so good."

During our visit to the office we saw evidence that the agency had reimbursed one person for some damage to the property caused by the care workers whilst they were attending to the person.

Staff spoken with told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us they had received training in maintaining people's privacy and dignity. Staff said this was particularly important at this agency because there were a number of male care workers, so people were given a choice about if they wanted to be cared for by either male or female staff.

Staff told us the importance of making sure confidentiality was kept. This was particularly important because of the service being small which meant some people who used the service were neighbours or friends.

The service user guide provided information to people about how the staff would respect their right to confidentiality. For example by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

Staff spoken with told us they enjoyed working for Newdon Homecare and gained a lot of job satisfaction from their role. Their comments included, "I feel I am doing a good job and that satisfies me" and "I would

be happy for my relative to receive support from these carers as it's the best care I've seen."

Is the service responsive?

Our findings

Information from people who used the service and their relatives about the response they had when they had raised concerns varied. Most people said the managers at the service were responsive and dealt with their concerns in a timely manner. People's comments included, "I only need to speak with the carers and they sort it out. They're all approachable and listen" and "There's always someone to tell if there's a problem so it's sorted before it becomes a complaint." "However one relative told us they had complained to the agency about various issues on a number of occasions but had not received or seen any positive results or had any feedback. The relative said, "[One of the managers] said don't worry I am going to put staff back in training, but things haven't improved. I don't know what this means or what happens behind the scenes but I don't get any explanations."

People told us they had been provided with telephone numbers for Newdon Care Services and could ring the office if they needed to, both during office hours and out of hours. Most people said the office staff sorted things out straight away but two people said they weren't sure if anything had been done about their query when they had contacted the office.

Two healthcare professionals told us, "Our brokerage currently contracts with Newdon Care Services to provide domiciliary care for service users. We find them responsive to the care needs of the services users. If we have any issues with the care there is always someone in the office to liaise with regarding any issues and these are generally resolved in house by the agency in a timely manner. Managers at the agency are always polite in manner when corresponding. We occasionally find that families have some issues regarding care, this can sometimes mean that they wish to terminate the agency but the issues raised are always brought to the managers attention to raise with staff so they are able to undertake training and actions" and "Overall, the care that has been provided has been excellent, especially as the carers have been dealing with a service user who has a mental illness. The carers have been going in two's to deliver the care to protect themselves, as there is a risk that the service user could accuse the carers of doing something wrong. The Care Coordinator stated that the carers have had training on mental illness such as a personality disorder. The care has been going for a long time where other providers struggled to maintain due to the complexities, which resulted in a breakdown of other care home services. However, when I have asked for an increase in the care package the provider reported that they are struggling to meet this request. I believe this is due to staff issues in that area."

We looked at the registered providers complaints policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority. Information about complaints was also in the service user guide that each person was given a copy of when they started to use the service.

We saw evidence of actions that had been taken in response to concerns and complaints raised by people who used the service or their relatives. We saw one complaint was still on-going after a considerable length

of time. The complainant had been sent a letter stating they would be informed of the outcome of their complaint when the investigation was concluded. Due to the length of time taken to conclude the investigation we suggested the registered manager should contact the complainant again to update them on the stage at which the complaint was and how much longer it would be before it was completed.

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service. Staff told us if they noticed any changes in a person they supported; they would contact the managers at the office to seek their advice and support. They said managers would then contact people who were involved in the persons care, for example, the GP, district nurse and family members to decide what would be best for the person.

Before confirming a care package for someone an assessment of the person's needs was carried out so the registered manager could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan. The five records seen all contained an initial assessment that had been completed.

We looked at five people's care plans. They contained a range of information that covered aspects of the support people needed. They included some information on the person's history, hobbies, likes and dislikes so these could be respected. We found risk assessments were also undertaken to identify people's support needs. However as previously referred to in this report some information in care plans and risk assessments required reviewing and updating so that staff had access to current information to assist them to care and support people as needed.

People discussed with us their involvement in their care plan. They all felt they had been involved in completing their care plan and said their views had been regularly sought thereafter. People said a senior member of staff from Newdon Care Services had visited them to assess their needs and write a care plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed in the main, visits to people were at the times they had requested and staff stayed the agreed length of time at each visit. For one person we saw they were not receiving their full visit time at the evening call. The person told us although staff didn't stay their allotted time they never left before making sure all their needs were met. We spoke with the registered manager about this and suggested they looked at the time allocated for this visit to reassess if this could be reduced.

Is the service well-led?

Our findings

The registered manager had been in post since November 2014. From the feedback we received it was evident the registered manager and management team were well known to most people and were generally found to be 'hands on', accessible and friendly. People's comments included, "The boss and his wife were out twice. Lovely people," "The manager has been out to see us three times. He came as a carer one time to check what they were doing. He's very friendly and approachable. I just ring up if I want to speak to them," "The manager has been out twice to talk through the care plan" and "I ring them up and tell them off if there are any problems."

The majority of people who used the service and their relatives also commented positively about the office staff and care workers. Although some people said they had not received feedback to the concerns they had raised.

Staff told us they felt really well supported by the registered manager and their line manager's. They told us managers were available to speak to at all times either via phone calls, texts or face to face meetings. Although staff told us they felt well supported by the registered manager the training, supervision and appraisal matrix showed many gaps and the registered manager was unable to confirm if this was because training, supervision and appraisals had not taken place or if the matrix was not fully up to date.

The registered manager was knowledgeable about people who used the service. He knew people who used the service and could talk in detail about their care and support needs. The registered manager told us he audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw audits had been completed and the registered manager was able to evidence some actions taken as a result of carrying out an audit. However the audit and monitoring process had not picked up the issues we found in regard to care plans and risk assessments being out of date.

Whilst looking at records we found small gaps in the staff recruitment records, which had to be updated by the registered manager following the inspection.

We also found some information for example; risk assessments in people's homes were not always dated and signed. We also found when this information was returned to the office there was no evidence the omissions were picked up through the system for auditing so that improvements could be made.

People spoken with told us they had completed a quality survey, which had been sent to them. They all confirmed they had not received any feedback from this and said receiving feedback would have been appreciated. The registered manager told us following the return of the quality surveys they had not collated the information and fed this back to people, although they had responded to people's individual comments/concerns where they had identified themselves. However if a person had chosen to complete the survey anonymously this was not possible. This meant action was not always taken to resolve concerns raised by people.

These examples demonstrate a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us regular meetings were arranged for all staff to attend and be given updated information about the service. Staff said this was their opportunity to give feedback and share their views and ideas to help to improve the service provided to people.

We saw policies and procedures in place which covered all aspects of the service. We looked at a sample of the policies and found they were regularly revised to keep them up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risks associated with care plans and risk assessments not being fully up to date.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.</p>