

Newdon Health Care Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Newdon Health Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service currently operates in the Chesterfield and Alfreton areas of Derbyshire. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection, approximately 26 people were receiving a personal care service.

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

There were systems in place to monitor the quality and safety of the service, however these were not always effective. The audits had not identified the concerns we found during the inspection. This area required improvement.

The oversight of people's medicines was not always managed safely where medicines were included as part of a care package. Although they were administered in accordance with prescribing instructions reducing any impact for people, guidance for staff was not always available for application of creams to specific areas. Auditing by managers had not picked up these issues.

There were enough staff to effectively meet the current packages of care which supported people's needs. People were supported safely and any risk regarding their care was assessed. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed.

People were supported by a regular team of care staff and said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; we saw this was in line with current guidelines. When people needed support with their nutritional intake, this was recorded and reflective of their care needs.

People's care was provided by kind and caring staff and people told us they treated them with respect. People's individual risk assessments and care plans reflected individual needs and were reviewed regularly.

The provider worked in partnership with other agencies to make sure people received the right care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates

from the provider on the management of risks related to COVID-19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 27 August 2019 and this is the first inspection.

Why we inspected

This was the first comprehensive ratings inspection of the service. The inspection was prompted in part due to concerns received about the service regarding some management arrangements. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in our inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

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

Details are in our safe findings below.

Good ●

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 ●

Newdon Health Care 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 Care Act 2014.

Inspection team

Our inspection was conducted 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

Newdon Health Care Ltd is a domiciliary care service, registered to provide 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 three days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 January 2021 and ended on 27 January 2021. We visited the office location on 19 January 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the clinical commissioning group, the local authority contract monitoring and adult safeguarding teams.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the registered manager; the office manager and four members of the care staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 17 people or their relatives about their experiences using the service.

We reviewed a range of written records including parts of eight people's care plan, five staff recruitment files, six supervision records and information relating to the monitoring of service provision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further staff information and quality assurance records.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely. However, the written medicines administration record (MAR) had not always been fully completed for staff to follow. For example, details where prescribed creams should be applied were omitted. We discussed this with the registered manager who told us they would take action to ensure these were in place.
- People or their relatives confirmed they were supported to take their medicines when they should, and they were happy and confident their medicines were managed safely. One person said, "They look after my medication and write it on a MAR sheet. I got in a muddle with it and they sorted it."
- Staff received training in medicine administration and told us they received competency checks and monitoring to support people effectively.

Staffing and recruitment

- Processes were in place for ensuring staff were recruited safely. However, one staff file did not contain a certificate for the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. We discussed our findings at the time and were subsequently provided with a copy.
- There were sufficient staff to meet the needs of people using the service. People told us their staff were punctual and stayed their allotted time.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People and their relatives said they felt safe using the service and were confident staff knew how to support them. One person told us, "I feel they are very safe. I've recommended the company to other people."
- Risks to people's safety had been assessed and recorded. Assessments included detailed information on actions to take during care provision to minimise any risk for people or their staff. For example, risk assessments in relation to moving and handling included guidance, provided following an assessment by an occupational therapist.
- Staff knew what action to take to protect people. Staff told us they knew how they could raise concerns and felt confident to do so.

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment (PPE) and told us they had plentiful supply. Care plans indicated if any specific hygiene, or infection control measures needed to be in place.

- We were assured the provider followed recognised government guidance to help prevent and control the spread of an acquired health infection. The provider had commenced testing for COVID-19 in line with government guidance for care at home services.

Learning lessons when things go wrong

- The provider took appropriate actions following any incidents, investigated and shared the outcomes with staff. We saw risk assessments were updated and changes made to care plans if required. One person told us, "I feel confident to phone if something is not right and certainly in the first few weeks, we phoned quite a lot as we sorted things out, they were always very helpful." Another said, "We had an issue and had a meeting with the manager, and it was all sorted within 24 hours and we have had no issues since."

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 Good. 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 confirmed their needs were assessed prior to services beginning. Several people told us they had been directly involved in their care planning; relatives also informed they had helped to give insight into individual preferences. Available information from professionals involved, or from hospital discharge information was incorporated into care plans.
- Staff understood people's care needs, which were regularly reviewed, and they recorded daily care details. People's agreed printed care plans were available in the persons own home.
- People and relatives were satisfied with the care provided. One person said, "They are good at fitting in with us and our household. The continuity of staff has been really good."

Staff support: induction, training, skills and experience

- All new staff completed a thorough induction at the start of employment, this remained in place until their competency was assessed in given tasks.
- Staff spoke positively of the training and support they received for people's care. Staff comments include, "We have lots of online training available and additional checks when out on the job." and "I am currently working towards my care certificate and have extra online training to broaden my knowledge."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- Care plans reflected any specific guidance about health care needs and was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff supported people with access to healthcare services. One relative gave an example, "They worked excellently with the physio team, progressing to use the rotunda. The carers have done really well supporting with that."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent for care was sought. Several people and relatives said staff always explained what they were going to do before they provided any care.

- Staff understood and followed principles of the MCA to obtain people's consent for care. One relative explained, "They chat to her whilst providing care. They explain what they are doing. She gets involved with it then."

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect and usually had regular staff, which helped develop supportive and meaningful relationships.
- Records included information about people's preferred name and important details. They were individualised with any known preferences for care and daily living routines.
- We received high numbers of positive feedback from people and relatives regarding the caring attitude and approach of staff. These included, "I have the greatest respect for them. They do it so well and always come in with a smile on their faces." And "I think I test them a lot because I am reluctant to give up my independence. They respect that."

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

- People confirmed they were involved in their care, from planning to delivery. Informal opportunities were available to express views, as well as in scheduled reviews. One relative expressed how the care was led by them and they were involved throughout. "We feel they took instruction from the family to change what they do, so as not to disturb, especially when they've not had good quality sleep."
- Key service information was provided when starting with the service to help people make decisions about their care and what they could expect. One relative explained how the carers always try to involve the person, "They try and chat, but the illness doesn't make it easy. The important thing is that they make the effort. They explain who they are and what they are going to do, even though there's no verbal communication back. I think this is really important and they get it just right."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were complimentary about the care received from staff who they felt knew them well.
- Staff knew what was important to people to ensure their dignity, choice and rights were upheld.

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support responsive to their needs. People had agreed at first assessment how they wanted to be supported and this information was included in their care plan. People confirmed this, "They did an assessment when we first started having care." And, "They listen to us and change how they support them as needed."

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.

- People's communication needs were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood. One person confirmed this happened and was important to them, "Staff have a tunic and ID badge. I remember about the photos on the ID badge because of course we couldn't see their faces because of them needing to wear masks."
- The provider was meeting the Accessible Information Standard for people's care and told us they would be able to access alternative formats if these were requested.

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

- If this was part of agreed care, the provider would support and encourage people to follow their interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however at the time of inspection, no written complaints had been received. A log of any verbal complaints was held and demonstrated actions taken.

End of life care and support

- Many people received personal care to support their end of life care needs in their own homes. Care plans were agreed in consultation with the person documenting their wishes, as well as relevant authorities and external health professionals involved in their care.
- Staff received end of life training to ensure people's dignity, comfort and choice were maintained and told us they felt supported by the management and could approach them at any time for advice or support.
- People's care plans showed if they had made advance decisions about their care and treatment, or whether they had legally appointed others to make important decisions on their behalf.

- People and relatives were happy with the care they received from the service. Many people commented how flexible the service had been when changes occurred.

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

- The provider's governance systems were not always robust enough to assess, monitor and improve the quality of care provided. For example, auditing of records had not identified the concerns we found about application of prescribed creams, which could lead to staff making mistakes with medicines.
- The providers recruitment policy had been followed. However other employment records, such as references received, had not been transferred into staff files.
- The registered manager had not submitted information in a timely manner with regards to information required by CQC for payment of fees.
- The provider used a set of externally produced care policies; standardised with electronic links against recognised national guidance and legal requirements for people's care. Local additional procedures were incorporated into these for staff to follow.

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

- Questionnaires had been completed from people using the service, to provide feedback on their experience. These were audited, and any feedback used to help drive improvement. However, people told us they had not been informed of any outcomes.
- Staff we spoke with told us they felt valued and their opinions mattered. They told us they felt comfortable raising any concerns and knew who to go to for support and advice.
- The provider had systems in place to monitor staff performance, through supervision, appraisals and spot checks.
- The registered manager spoke about their priorities of retaining a committed, stable staff team. They explained they acknowledge the importance of treating staff well, with good pay and conditions.

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

- There was a clear structure in place for staff to escalate concerns, an on-call provision made sure there was always support available out of office hours. Staff told us the management were always very approachable.
- The registered manager was aware of the responsibility of reporting significant events to us and of raising concerns with outside agencies as required.

- The provider had clear policies and procedures to promote best practice. There were a range of audits to reflect on the quality of care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to working to maintaining and improving care for people. They welcomed feedback and were open to the inspection process.
- Partnerships had been developed with different professionals. We spoke with professionals in the commissioning services who had knowledge of the provider to confirm good relationships had been developed.
- The provider consulted with relevant authorities and external health and social care professionals when needed for people's care. One relative said, "They are very observant of things and will call the District Nurse team and always feedback to us. Communication is excellent."