

New Dawn Healthcare & Employment Limited

New Dawn Healthcare - Unit 18 Blackheath Business Centre

Inspection report

78b Blackheath Hill
Blackheath
London
SE10 8BA

Tel: 02084659339
Website: www.newdawnhealthcare.co.uk

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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

This inspection took place on 18 May 2017 and was announced. We gave the registered manager 24 hours' notice as we needed to be sure they would be available for the inspection. New Dawn Health Care is registered to provide personal care to people in their own homes. At the time of the inspection there were 15 people using the service.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

At our last inspection of 7 and 8 April 2016, we found that the provider did not meet all the regulations we inspected. People did not always receive their medicines safely in line with good practice. Staff did not have sufficient knowledge relating to administering covert medicines. In addition, the registered manager did not carry out regular audits of the service. The service was rated requires improvement.

At this inspection, we found that the provider had made the required improvement relating to the management and administration of covert medicines. Medicines administered were recorded to show people had received their medicines as prescribed. Staff were trained in the safe administration of medicines. There was a medicine management policy and procedure in place.

The provider had improved the way they audited the service. People, their relatives and staff told us that the managers listened and acted on their views about the service. There were a wide range of methods through which the quality of the service was monitored.

The service worked in collaboration with other agencies and professionals to meet the needs of people and improve the quality of the service delivered. People's healthcare needs were met. Staff supported people to access healthcare services. The service checked that staff employed to work with vulnerable people were suitable to do so. Criminal records were checked and references were obtained before employees started work. There were sufficient numbers of staff deployed to meet people's needs.

Risk assessments were in place and detailed actions to reduce identified risks to people to keep them safe. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. They also knew how to escalate concerns to external authorities if their managers failed to take appropriate actions. People's individual needs were met. Staff cared for people in a way that met their requirements. People and their relatives were involved in planning and reviewing their care.

Staff and the registered manager understood their responsibilities within the Mental Capacity Act 2005. People consented to care and support before they were delivered. Staff were supported through effective induction, supervision, appraisal and training to provide appropriate care to people. However, staff who

only delivered care duties occasionally were not always formally supported to ensure they were effective in their roles.

People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff supported people to do their food shopping and to prepare meals. People told us staff treated them with kindness, compassion and respect. People's dignity and privacy was respected by staff.

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. People were supported with their medicines. There was a medicine policy and procedure in place to guide staff.

Recruitment was conducted safely. Appropriate checks were carried out before new staff started work.

Risks to people were identified and managed in such a way that they received their care and support safely. Staff understood how to recognise abuse and take effective action to keep people safe.

There were sufficient numbers of suitable staff to support people safely. People had their care services delivered at the right time.

Is the service effective?

Good ●

The service was not always effective. Care staff received training and support which enabled them to care for people. However, staff who delivered care occasionally did not always receive formal support and supervision to ensure they were effective in their role.

People were supported to access healthcare services they needed and staff liaised effectively with relevant professionals.

People consented to care and support. Staff and the registered manager understood their responsibilities in accordance with the principles of the Mental Capacity Act 2005.

People were supported by staff to eat and drink well to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring. People told us that staff were kind and caring. People were treated with dignity and compassion.

Staff understood people's background and their needs.

Is the service responsive?

Good ●

The service was responsive. People were happy with the service. Staff had assessed people's needs and delivered their care in line with their individual preferences.

Support and care was delivered as planned. The service was flexible and centred around people's needs and requirements.

People knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good ●

The service was well led. People and their relatives told us the registered manager and staff listened to them.

Staff spoke positively about the registered manager and the support they received.

The provider sought feedback from people about the quality of the service they received. There were a range of methods used to check the quality of service delivered and to drive improvement.

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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 checked 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 took place on 18 May 2017 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that we could speak to the registered manager and access records.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. During the inspection we spoke with registered manager and operations manager. We reviewed four people's care records to see how their care and support was planned and delivered. We checked three staff files to see how their recruitment was carried out; and what training, support and supervision they received. We looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process.

After the inspection we spoke with five people who used the service, two relatives, three care staff members and a team leader at the supported housing accommodation where one person resided to obtain their views of the service. We requested feedback from health and social care professionals involved in the service but received none.

Is the service safe?

Our findings

At our last inspection of 7 and 8 April 2016, we found that the service was not always safe. Medicines were not administered and managed safely as there was no clear guidance and protocol in place for administering covert medicines to people who required their medicines given this way.

At this inspection we found that the registered manager had put in place a detailed protocol for staff to follow to support one person who needed their medicines administered covertly. The protocol in place was devised by the person's GP in agreement with the person's relatives. Staff understood this plan. We saw that MAR sheets were completed when staff supported people take their medicines.

Staff had received training in the safe administration of medicines and the provider had medicine management policy and procedure in place for staff to follow. However, during our discussion with a staff member, it came to light that staff were not always complying with the provider's procedure. Staff told us that one person's liquid medicine was poured from their original container into a smaller container by the person's relatives. Staff then administered from the smaller container as instructed by the relatives. We raised this concern with the registered manager and the operations manager immediately as this could put the person at risk. The staff confirmed what they had told us with the registered manager. The registered manager and operations manager told us they were not aware of this practice. The evening after our inspection, we received an email from the operations manager reassuring us they had addressed this concern with the relatives carrying out this practice. We also received a note of this meeting with the relatives in which the provider clearly set out their medicine procedures and the relatives agreed to this. We recommend that the service ensures that their policies and procedures are followed.

People received support from staff who were safely recruited and suitable for their role. Applicants submitted application forms and were interviewed to check their experience and suitability for the role. Records showed that relevant checks were carried out before applicants were employed and started working at the service. These checks included obtaining two written references, proof of identity, employment history, right to work in the UK and a criminal record check called Disclosure and Barring Service (DBS).

People were protected from abuse and harm. People told us they felt safe with staff. One person said, "I feel safe with the carers in my house." Another person told us, "I do feel safe. They [staff] are nice." Staff knew how to identify different types of abuse and neglect and what steps to follow to report any concerns about people's safety. They were confident that the registered manager would implement the provider's safeguarding procedure and work with the local authority to investigate any concern to keep people safe. Staff told us they knew how to whistleblow if they felt a concern had not been dealt with appropriately. The registered manager and operations manager understood their responsibilities in ensuring people were safe and responding to appropriately to allegations of abuse. This included reporting it to the local safeguarding team and to CQC.

People were supported by sufficient numbers of staff. People told us staff visited to carry out their care calls

at the time scheduled. One person said, "They [staff] come in the morning and evening to help me. They are hugely on time." Another person said, "They always come to help me. Sometimes they arrive a bit late but it happens when you use public transport. They always complete what they need to do." We looked at the electronic rota system used to allocate care calls and it showed all visits were covered by staff. The operations manager explained that they considered staff availability and locations when allocating care visits. That way they reduced time staff spent travelling to people, thereby reducing the potential risks of lateness. The electronic allocation system alerted the office staff when a staff member had been booked twice at the same time. This gave an opportunity for the office based staff to rearrange the rota and rectify the error immediately, thereby reducing the risks of missed calls. The registered manager and office based staff told us they were hands-on and covered emergency cancellations or shortfalls of staff. This meant that the service ensured people had their care and support as planned.

People were supported by staff who knew how to respond well to emergency situations. Staff we spoke with were confident on what actions they would take to if a person they were supporting became unwell, or unconscious or when they are unable to gain entry to a person's home. Staff told us they would assess the situation and they would call emergency service if the person was struggling for breathe or they would contact the person's GP if it was non urgent. They would call the office to report cases of no entry visits so the office based staff could follow up appropriately. We saw that the service maintained a record of incidents and accidents. The registered manager reviewed these records and signed them off with actions taken.

People were protected against risks associated with their care. People had risk assessments in place covering moving and handling, health and safety of the environment, and medicine administration. Management plans were available for staff to follow to manage identified risks to people appropriately. Staff told us the plans enabled them to care for people in a safe way. These plans were updated annually or when there were changes in people's conditions and circumstances.

Is the service effective?

Our findings

People told us that staff supported them the way they wanted. A person told us, "I am really pleased with the way the girls [staff] help me." Another person said, "The service is good. The carers are very, very good. They care for me well."

People's care was provided by staff who were supported in their role. Staff told us they received the support they needed to do their job from the registered manager. One member of staff said, "I have a chance to discuss any concern I may have with [registered manager] and she resolves it." Another staff member told us, "They [registered manager] support me and that is why I have been here for this long." We saw records of direct observations, spot checks, one-to-one supervision and appraisal meetings held with staff. These meetings were used to discuss any concerns about people's care and performance issues. However, we noted that staff members who delivered care to people on part-time or when required basis did not always receive formal support and supervision to enable them deliver their caring role effectively. For example, one staff member whose primary job was administration in the office but works as a care worker at weekends or when required had no record of formal supervision or appraisal completed. We were concerned that all staff were not fully supported to improve their work and deliver effective service to people. We spoke to the registered manager about this and they told us that they regularly had informal meetings with this staff to discuss their work. The staff member confirmed that they had opportunities to discuss any concern they may have with the registered manager and they received the support they needed.

People were supported by trained and skilled staff. Staff told us and training records confirmed that staff received induction and had completed training in key areas of care such safeguarding, Mental Capacity Act 2005, medicines administration, food hygiene, care values, moving and handling and health and safety. One staff member said, "I have completed all the training I require. I have an NVQ (national vocational qualification) in health and social care. They [registered manager] always inform us of training to complete." Another staff member told us, "They [registered manager] always talk to us about trainings we need. I have done the training I need." This meant that staff had the skills to effectively meet the needs of people they cared for.

People told us they knew what care service they received and consented to it before it was delivered. One person told us "They [staff] always ask me before they do anything. They make sure I am happy with it first." The registered manager and staff understood the principles of the Mental Capacity Act 2005. Staff told us that it was important to allow people to make their own decisions about their care by supporting them to understand information and make choices. One staff member said, "You have to always let them decide what they [people] want." Another staff member said, "You can try to convince them. Make them understand but you cannot force them." Care records showed that professionals and a person's relative had a best interests meeting to discuss how best to safely support the person with their medicine before a decision was reached. This showed that people's rights and choices were protected whilst supporting them safely.

People were supported to meet their nutritional needs. People told us and care records confirmed that people had support with shopping and preparing meals. One person said, "The carers help me prepare

anything I want. They give me a drink before they leave." People's dietary needs were noted in their care plans.

People were supported to meet their day to day healthcare needs. Records showed liaison with a range of health and social care professionals. The service had liaised with occupational therapists to arrange appropriate equipment for one person. Another person's social worker was involved to review their care and GPs were regularly contacted for advice and consultation about people's health. We could be confident that people were being supported to access healthcare services they need.

Is the service caring?

Our findings

People told us staff treated them with respect, kindness and gentleness. One person said, "They [staff] are ever so courteous and helpful." Another person told us, "They [staff] treat me well. They are kind to me." A relative said, "The girls [staff] are good. They are caring. I have no concerns."

People told us staff understood their needs and how to support them well. People told us they knew the staff who cared for them and that they were informed by the office staff when there were changes. Care records detailed people's backgrounds, preferences, likes and dislikes and how they wanted their care delivered. Staff told us they had developed positive working relationships with people and knew how people preferred to be cared for. One staff member said, "I am able to cope with the people I look after. I understand how they want me to do things and I do it as they want. I have built that relationship with them over time." Staff told us care records provided them with the relevant information they needed to understand people's situation and needs. Staff told us this had helped them to gain people's trust and confidence.

People told us that staff took interest in their well-being and showed understanding and compassion to them. One person said, "My carer always checks how I was before commencing on her work. She [care staff name] is very good. She goes far and above to care for me." Staff demonstrated they promoted people's emotional well-being within their capacity and in an appropriate manner. Staff told us it was important to show empathy, listen to people's anxieties and worries and provide reassurance where possible.

People were treated with dignity and respect by staff. People told us that staff made them feel comfortable when attending to them and staff took care of their homes and belongings. Staff told us and people confirmed that staff followed and respected their preferences and choices. One member of staff explained, "You let the individual choose what they want as much as possible. It is not up to you. It is about what the person likes and we [staff] have to respect it." Staff explained and gave examples of how they supported people with personal care in a manner that maintained the person's self-worth. Staff emphasised the importance of using appropriate language and ensuring privacy. One staff member said, "You don't have to stay in the toilet with them if there is no need for that because it can make them uncomfortable."

The service maintained people's privacy. We saw that records about people and staff were locked away in a cabinet in the office. Staff understood the importance of keeping people's information confidential. They knew not to discuss people's affairs in public where others could hear them.

Is the service responsive?

Our findings

People and their relatives we spoke with told us that the registered manager always requested for feedback about the service and gave them opportunity to raise any concern. One person said, "[Registered manager] visits to check I am happy with the care." Another person told us, "[Registered manager] calls often to find out if everything is okay." People knew how to raise a complaint if they were unhappy. We saw the registered manager had addressed a concern from a relative about the service. The registered manager had addressed a complaint raised by a relative appropriately in line with their procedure.

People received support that met their individual needs. People confirmed that the service involved them in planning their care from the beginning. One person said, "Yes, we discussed the care package, what it covered before they started." The registered manager had an assessment with people and their relatives to establish their care needs and what services they required. Referral documents from the referring agency provided information about the needs, background, goals and care requirements of the person being discussed. The registered manager told us that they used these details to plan people's care. Care plans set out how the service would deliver care to meet the identified needs, including times of care visits. Staff told us they also read people's care plans to understand people's needs and how they preferred to be cared for. People's care plans were reviewed as required to reflect changes in people's care needs.

Records of care visits showed that staff delivered care to people as agreed in their care plans. Staff supported people with their day-to-day activities as required including personal care tasks and domestic tasks. Staff told us that they were flexible in the way they supported people to meet the person's care needs and requirements. For example, they supported people to arrange hospital appointments and make contact with their family and friends.

The service was responsive to changes in people's care needs and requirements. People could request to change the times of their care visits if they needed this. People could also have longer visits from staff if required to meet their needs. For example, if a person was unwell and extra time was needed to complete tasks with them, staff accommodated this to ensure the person received the care they required. The registered manager told us they were able to reinstate care visits at short notice to ensure people's needs were met.

Is the service well-led?

Our findings

At our last inspection, we found that the registered manager did not always carry out regular audits of the service. At this inspection, we found the service now monitors the quality of the service regularly. People told us that the service met their needs and they were happy with care they received. They told us the registered manager regularly sought their feedback and used it to improve the service. One person told us, "I am happy with the service. They try their best to make sure everything goes well." Another person said, "[Registered manager name] calls regularly and visits often to check that I am satisfied." We saw that review meetings were used to obtain feedback from people about the care delivered to them. Where required the service was adjusted in line with the feedback obtained. For example, one person's care times needed adjusting to meet their requirements and this was done. Surveys and spot checks were also used to gather people's views about the service. The most recent survey conducted in April 2017 showed people were satisfied with the service. One staff member's performance had been addressed following feedback received during a spot check.

They had developed a range of tools to improve the quality of service delivered. They had implemented a new IT system to devise care plans, risk assessments and manage care documentations. This system had improved the quality of care records as it prompted for information and covered a wide range of areas thereby making care plans and risk assessments comprehensive. There was also a system in place that prompted staff when they had a pending training to be completed. The operations manager then sent a reminder to staff and follow up to ensure staff completed all trainings required to deliver their jobs effectively.

The service works in collaboration with other agencies to meet the needs of people and to improve their service. We saw correspondence from professionals and the local authority discussing the service and suggestions on how to meet the needs of people. We saw a joint meeting held with a member of the clinical commissioning group to discuss the service. This meeting was used to provide guidance to care staff about the care and support a person needed and how to work with them.

The service had a registered manager who had worked at the service for several years. They were responsible for the day to day management of the service and provided direction and guidance to staff. There was an operations manager who was also the nominated individual for the provider. They took charge of developing the business and quality improvement. They also provided support to staff to deliver an effective service. Both the registered manager and operations manager understood their responsibility to update CQC of all notifiable incidents as required by law in order to comply with its registration requirements.