New Dawn Healthcare & Employment Limited

New Dawn Healthcare - Unit 18 Blackheath Business Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 7 and 8 April 2016 and was announced. 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 in.

New Dawn Health Care is registered to provide personal care to people in their own homes. At the time of the inspection there were 19 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 this inspection 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. The service did not have robust and comprehensive policies and guidance for staff to manage people's medicine safely. Staff did not have sufficient knowledge relating to administering covert medicines.

People's risk assessments were reviewed annually or when new risks were identified. Identified risks were documented and gave staff guidance on how to support people when faced with known risks. Care plans were comprehensive and detailed people's preferences, medical needs and care and support required..

People were supported by sufficient numbers of suitably skilled staff to ensure their needs were met. Staffing levels were dictated by the needs of people that was flexible and could be increased if people's needs changed. People received care and support from staff that had the necessary training to meet their needs. Staff undertook regular training in all mandatory areas, which enabled them to carry out effectively their roles and responsibilities.

People received care and support by staff that received supervisions to reflect on their working practices. Staff received annual appraisals from the registered manager whereby they addressed areas that worked well and any support they felt they may need.

People and their families were encouraged to make decisions about the care and support provided. Staff sought people's consent prior to delivering care and people's choices were respected. People received personalised care that reflected their preferences. Staff were aware of people's preferences and incorporated them into the care and support provided.

People's privacy and dignity were respected. Staff were aware of the importance of maintaining people's privacy and treat them with compassion and respect. People were encouraged to raise concerns and complaints. The service carried out regular audits to gather people's views of the care provided and where

appropriate action taken to address concerns raised.

The registered manager sought partnership working with other health care professionals to improve and drive forward the quality of the service. Records showed that the registered manager actively sought feedback on the service provision and took action to improve the service.

The registered manager carried out audits of the service these were not always reviewed regularly. The registered manager and the provider had devised a new audit tool, to ensure all audits were carried out and completed in line with good practice.

People were supported to access sufficient food and drink which met their preferences. Staff monitored people's food and fluid intake to ensure they received maintained a balanced and nutritious diet. Changes to people's health were monitored and where appropriate health care professionals were informed and action taken.

The registered manager operated an open door policy, whereby people, their relatives and staff could meet with the manager to discuss topics of their choice.

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

People did not always receive their medicines safely in line with good practice. The service did not have robust and comprehensive policies and guidance for staff to safely manage people's medicine.

People's risk assessments were reviewed annually or when there were changes to people's needs.

Staff were aware of their responsibilities in protecting people from avoidable harm and abuse. Staff identified the appropriate action they would take should they have concerns for a person's safety.

People were supported by adequate numbers of staff to ensure their needs were met.

Is the service effective?

Good

The service was effective. People were supported by staff that received supervisions and appraisals to reflect their working practice.

People were supported by staff that underwent comprehensive training to carry out their roles effectively.

Staff had adequate knowledge of the MCA and DoLS and were aware of their roles to ensure people were not deprived of their liberty unlawfully.

People's consent was sought prior to care being provided.

People were encouraged to maintain a healthy diet. Staff were aware of the importance of providing nutritious meals and ensuring people had access to food and drink at all times.

Is the service caring?

Good

The service was caring. People were treated by staff with dignity and respect. People's privacy was maintained and staff were aware of the importance of this.

People were encouraged to be involved in assessments and reviews of the care and support they received. Staff gave people information and explanations in a manner they understood.

Is the service responsive?

Good

The service was responsive. Care plans were reviewed annually or when people's needs changed. regularly reviewed. Care plans were person centred and contained information including people's preferences and medical needs.

People were encouraged to raise concerns and complaints. The service had robust systems in place to ensure all concerns and complaints were acted on in a timely manner

Is the service well-led?

Requires Improvement

The service was not always well-led. The registered manager did not carry out adequate audits of systems to ensure records were completed in line with good practice.

The registered manager encouraged an open and inclusive culture where people were treated with respect and their views listened to.

The registered manager sought feedback on the service provision through quality assurance questionnaires. Issues identified were acted on in a timely manner.

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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 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.

The inspection took place on the 7 and 8 April 2016 and was announced. 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 in.

The inspection was carried out by one inspector. Prior to the inspection we gathered information we held about the service. We looked at notifications the service had sent us, notifications are records the service sends us informing us of important events that have taken place.

During the inspection we looked at five care plans, one MARS [medicine administration recording sheet] and three staff personnel records. We also looked at the service's policies and procedures, staff training records, quality assurance tools, team meeting minutes and other documents related to the running of the service.

We spoke with three care workers, the registered manager and the registered provider. After the inspection we spoke with one person and three relatives.

Requires Improvement

Is the service safe?

Our findings

People were not always protected against the risk of safe medicine management. The service medicine policy did not refer to covert medicine and/or authorising staff to use covert medicine administration. During the inspection we spoke with staff who confirmed that staff carried out covert medicine administration. Covert medicines are medicines administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. This meant that staff were not given the correct guidelines for which medicines were to be administered and how. We spoke with the registered manager and the provider who told us, they would be reviewing their policy immediately to include the use of covert medicine administration. However, the service did have documentation authorising the use of covert medicine. For example we saw a letter from the hospital mental health team which authorised the use of covert medicine administration in line with MCA.

At the time of the inspection we requested to see the MARS and medicine prompting recording sheet for five people. The registered manager provided us with the MARs records requested however we found these were unsuitable. We found the 'Hourly medicine record sheet' documented the time, date, whether the medicine was given and staff signature. The sheet did not record the name of the person the medicine was being given to, the type of medicine administered or how the medicine was administered. Therefore it was unclear what medicine staff were administering, how and to whom.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us, they received support with the administration of medicines if agreed in their care package. We looked at people's care plans which stated who would receive support with medicines and what that support would look like. For example, some people needed prompting or reminding to take their medicines, or in one case would require staff handing them the medicine to take. Care plans detailed the information and staff told us they would look at people's care plans and care notes on each visit to see if there had been any changes to people's medicines.

People were protected against the risk of abuse. Staff were able to identify the different types of abuse and how people may present if being abused. Staff received safeguarding training and were aware of the appropriate steps to raise their suspicions of abuse. Staff told us, "If I thought someone was being abused or noticed a bruise, I would ask them what happened but not in detail. I would then call the registered manager and record it". Another staff member told us, "I would raise my concerns immediately with my supervisor. If they didn't do anything about it I would raise it again and take it further. That person is in my care and I am responsible so I must take action".

People were protected against identified risks. We looked at people's risk assessments and found these were reviewed yearly or when changes had been identified. People and their relatives told us, staff members kept them safe at all times and would report any changes to their safety to the office. One person told us,

"Yes I have been involved in my risk assessment, I get to have my views taken into account". Staff told us, "Risk assessments are good, you know exactly how you are going to support people once you have read them". Risk assessments covered the environment, physical ability, medical conditions, mental health needs, moving and handling and personal care. Risk assessments gave staff the knowledge and guidance on how to support people effectively when facing risks.

People were supported by staff that monitored the safety of the environment. A relative told us, "Generally staff will check the environment to make sure things are safe". Staff told us they would contact the relatives, document their findings and let the office know if there were any health and safety hazards identified.

People received care and support from suitable numbers of qualified staff. People told us, "There are enough staff to help me. If I feel I need more or they [staff] think I need more, we would discuss it with the office.". A relative told us, "Recently there have been changes to [my relative's] needs, I know the service have requested additional funding for staffing, which is being looked in to.". Staff told us, "I feel confident that we have the ratios correct.". We spoke with the registered manager who told us, "If we find we are short of staff, for example someone is off sick and we are unable to find cover from bank staff. I would cover that call myself. I know the people well and I am able to cover calls as and when required". Staff confirmed what the registered manager told us.

People were protected from the risk of being cared for by unsuitable staff. Prior to commencing employment all staff undertook appropriate pre-employment checks. For example staff were required to receive two satisfactory references and an enhanced Disclosure and Barring Service (DBS) check. The DBS checks provide information about a person's criminal record and whether they were barred from working with vulnerable adults. During the inspection we looked at staff personnel records and found staff had received the necessary pre-employment checks.

Good

Is the service effective?

Our findings

People received care and support from staff that did not always receive regular supervisions. Staff told us, "I find the supervisions useful, it's like you are getting more training. The registered manager helps to teach you more and gives you more information but on a one-to-one basis". Another staff member told us, "I think we have them every six months or so. I find supervisions helpful, you get to discuss everything and how you feel and if there is anything you need to improve on". Records showed that staff received supervisions every six to twelve months and documented future goals. Staff told us they could approach the registered manager at any time should they have anything they wanted to discuss. Staff received yearly appraisals whereby they reflected on the previous year and what they had achieved. Records indicated that staff were encouraged to document their views on what they did well and any areas they found challenging. Staff told us they found the appraisal process beneficial to their development.

People told us, "Staff are definitely trained well in how to meet my needs". A relative told us, "Staff are fully trained to meet [my relative's] needs, they would notice if something is different and act accordingly. We looked at staff training records and found staff received training on all mandatory core areas. For example, MCA, DoLS, fire training and safeguarding. Staff told us they found training aided them in carrying out their roles effectively and that they could request additional training if they felt this was needed.

People received care from staff that had undertaken an induction. Staff told us, "I found the induction really helpful. I spent time shadowing another staff member who taught me what I needed to know. There was lots of training and I felt I was ready to provide care when I finished my induction". We looked at staff's personnel records and found they had undertaken an induction that looked at all core areas of their role and responsibilities. For example, safeguarding, health and safety, first aid and medicine administration.

People were not deprived of their liberty unlawfully. The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). These are legal processes to ensure that people receive care and support in a way that does not inappropriately restrict their freedom. The registered manager told us, "If we are concerned about someone's capacity we would inform the relatives and contact the local authority who would carry out a capacity assessment". At the time of the inspection we saw records that confirmed where appropriate MCA's had been undertaken by the Mental Health Team. However the service did not hold on file all records relating to the best interest meeting and subsequent decisions. This meant that there was no clear indication by the service of how the decision had been made. We discussed this with the service who agreed they would liaise with the mental health team and GP to ensure they received all documents relating to best interest decisions.

People's consent was sought prior to care being delivered. People told us, "Staff do ask for my permission, I can say no if I want to and sometimes I do say no. Staff will always ask why I have said no, but they always respect my decision". A relative told us, "Staff do seek [relatives] consent, they are respectful of [his/her] decision and won't do something unless they have [his/her] consent". Staff told us, you can't care for someone if they don't give their consent for you to care for them. You must ask them and if they say no they

don't want help, you have to say 'Ok'. Sometimes you can try again a little later on as they may change their mind, but if not you document it and that's that".

People were supported by staff that could effectively communicate in a manner they understood. People told us, "I can chat with staff about anything I'm concerned about, actually I can talk to them about anything at all". A relative told us, "They [staff] really do talk with [relative], you can tell that they get along". Another relative told us, "I think that staff could talk to people a bit more, try to engage them and be part of the world and what's going on around them." The registered manager told us, "When English isn't someone's first language we will always try to find staff that speak their language. This way people are able to communicate in a language they feel most comfortable with and things aren't misunderstood". Staff supported people by using their preferred method of communication when sharing information.

People received support from staff to have access to food and drink. People told us, "Staff help prepare my meals and hot drinks, they always have done". A relative told us, "Staff will reheat food if needed". Staff were aware of the importance of ensuring people had sufficient amounts of food and drink and how to raise concerns if they felt people were dehydrated or malnourished. Staff monitored people's food and fluid intake to minimise the risk of malnutrition and dehydration.

Good

Is the service caring?

Our findings

People told us, staff were very caring. A person said, "I feel I can talk to them about anything I want or need. They [staff] always ask me how I am and how I feel, they make me feel good about myself". A relative told us, "The carer's we see are excellent". Another relative told us, "Staff are very good and compassionate. They know [relative's] needs well and manage well when there are changes".

People were treated with dignity and respect. One person told us, "I would say they do treat me with dignity and respect". A relative we spoke with told us, "Absolutely, [relative] is treated with respect at all times". A staff member we spoke to were aware of the importance of maintaining people's privacy and dignity and told us, "You must make sure you knock when entering someone's room, that people aren't left unclothed when you support them with personal care and always ensure curtains are shut". Records showed people's preferences were recorded, giving staff guidance on people's preferred methods of receiving care and support.

People were encouraged to express their views and make decisions about the care they received. One person told us, "I'm listened to and can make choices. Staff respect my decisions and sometimes we bounce ideas off each other". They went on to say, "If I don't want to do something staff will ask me why and they respect my decision". A relative told us, "[Relative] is always asked by staff for [his/her] views. [He/she] is listened to by staff and they take into account how they want their care delivered. We have no concerns in that department".

People received care and support by staff that knew them well. One person told us, "Staff know me well, they know my likes and dislikes more or less". A relative told us, "They [staff] are very good, we have carers that are familiar with [relative] so we have continuity of care". Staff told us, "We [staff] get to know people really well and you know what's important to them and how they like things done". Staff were aware of the importance of maintaining and encouraging positive working relationships, to ensure their needs were met.

People received information and explanations about their care. One person told us, "Staff do explain things to me, they let me know what's happening. It's a two way street, as I also let them know what's happening or if there are any changes". A relative told us, "Staff always let us know what is going on, if someone is running late due to traffic, they [staff] always inform us".

People were encouraged to maintain their independence where possible. People told us, "Staff do help me with things but they also let me do things for myself". A relative told us, "Before [relative's] deterioration, staff did encourage [relative] to be independent and do things for [him/herself]. Staff we spoke with told us, "We [staff] give people the lead on doing things, we don't just start doing things for them. We help them if they need help but always encourage them to do things for themselves first".

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the care plan development and could make choices about the care and support they received. A person told us, "I was involved in planning my care. They [staff] do listen to my ideas and if I need to change things about my care this is listened to. They try to accommodate any changes I may make. It's a two way thing". A relative told us, "We are involved to a degree. The [staff] ask us about any changes we think are required to the care plan and we are listened to. The changes we suggest are then implemented".

People's care plans were reviewed to reflect people's changing needs. Care plans were comprehensive and held information about all aspects of people's lives. We looked at the care plans and found these were person centred and detailed people's preferences, likes and dislikes, life history, medical diagnosis and care they required. Care plans were kept in people's homes, to enable staff to access these during visits. Staff told us, "If there are any changes that we notice, we document this and let the office know that they need to change the care plan". Care plans were reviewed yearly or when changes had taken place. On the second day of inspection the registered manager and the provider, showed us a new audit tool which highlighted key areas noticeably care plan review dates. This meant that care plans would be regularly reviewed throughout the year and when changes were identified.

People were protected against the risk of social isolation. People told us, "I can have a good chat with them [staff], if something's worrying me I can talk to them about it and they help me". A relative told us, "I know they talk to [relative] about everyday things, I think it's really important that staff do keep on talking. It doesn't matter what they are talking about as long as [relative] is being communicated with. It's a vital part of caring, that people don't feel disconnected". Staff were aware of the importance of ensuring people were not at risk of being socially isolated. The registered manager told us, "The care packages we have mean that staff see people regularly and build a relationship with them. We let the local authority know if we have any concerns regarding someone being at risk of social isolation".

Staff supported and encouraged people to make choices and these were respected. People and their relatives told us, staff offered people choices regarding the care they received. For example, what they wanted to wear that day, if they wanted to take their medicines and if they wanted support with personal care. One relative told us, "My relative is unable to make clear choices, staff are aware of [relative's] preferences and do things in line with what [he/she] likes".

People were encouraged to raise their concerns or complaints. People told us, "If I had a complaint I would contact the office or one of the carers if I'm really upset about something". A relative told us, "We would either speak to [relatives] main carer as our main port of call, who would then raise it with the provider. If there was any issue that we felt wasn't being dealt with we would go directly to the registered manager and the provider". Staff were aware of the correct procedure to follow when people raised a concern or complaint. We looked at the records relating to complaints and found when concerns and complaints were raised, these were documented and dealt with appropriately in a timely manner.

People were supported by staff that attended calls on time and were informed when staff were running late. People told us, "They [staff] call me if they are stuck in traffic, I like to know and they always tell me". A relative told us, "Staff are usually on time. If they are going to be late because the traffic is bad they will let me know in advance". We looked at the electronic monitoring system the service uses to monitor calls and attendance levels. We found that where planned calls were scheduled the system would highlight to office based staff if calls were going to be delayed. This meant that the office could then ensure people were kept informed of any changes to staff arrival time.

Requires Improvement

Is the service well-led?

Our findings

The service carried out audits of the service, however these were not always in undertaken regularly or correctly documented. For example we saw that comprehensive medicine audits had not been carried out, this meant that errors were not identified in a timely manner and appropriate action taken to reduce the risk of unsafe medicine management. We spoke with the registered manager and the provider who showed us a new auditing process, to ensure spot checks and other audits would be completed regularly in line with good practice. The provider told us, the new format would be in place in May 2016.

People and their relatives spoke highly of the registered manager. One person told us, "I do know who the registered manager is and I can go to her if I need to". A relative told us, "She [registered manager] is a good manager and really good at helping you if she can. They [office staff] will help sort things out for you and if they can't they just keep trying". Another relative told us, "I occasionally see the registered manager when she covers a shift or takes our calls. I tend to have more contact with [relative's] main carer".

The registered manager operated an open door policy, whereby people, their relatives and staff could speak with her at a time they found convenient. A person told us, "I have met the registered manager and I can talk to her on the phone if it is needed". A relative told us, "The registered manager is approachable". Staff told us, "The registered manager tries her best and you can talk to her about anything if you need to". Another staff told us, "If there is bad traffic or I think I'm going to be late for a call, she [registered manager] will come and pick me up in my car and take me there, she would even wait for me to finish the call and take me to the next one. That's a good manager".

The registered manager encouraged partnership working with other health care professionals. During the inspection we looked at records that showed the registered manager had sought guidance and support from other health care professionals such as the district nurse, GP, mental health team and care managers. The registered manager told us, "If we work together then people receive better care. We can all learn from one another and share ideas".

The registered manager and senior staff carried out spot checks on staff, to ensure they were providing high quality care to people. A relative told us, "Senior staff do spot checks and ask me for my views on how things are going". Staff told us, "They [senior staff] do spot checks and then give us feedback on what we could improve on. I find that helpful". Records showed that spot checks were carried out, however these did not take place regularly.

The registered manager carried out quality assurance questionnaires to gain feedback on the on the service. During the inspection we were observed completed questionnaires that had been sent to people, their relatives and other health care professionals. We spoke with the registered manager who showed us the quality assurance monitoring tool they used and we were able to identify where comments/concerns were raised, action was taken in a timely manner to address these. For example, one person had mentioned they would prefer to have regular carers, this was documented as having been actioned.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe medicine management because the service did not have comprehensive systems and policies in place. Regulation 12 (2)(b)(g).