

Newday Healthcare Professionals Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Newday Healthcare Professionals Limited provides care services to people within their own home. Care services include personal care, a sitting service and domestic services. The service provided are either through private arrangement or social services funding. The service covers Southend on Sea and Essex and at the time of our inspection, the service was providing support to 17 people in their own homes, all in the Southend on Sea area. The service was first registered with the Care Quality Commission on the 6 June 2014.

This inspection took place on the 10,13, 14 October 2016 and 01 November 2016 which was announced, the inspection team consisted of two inspectors the first day and one inspector on three days that followed.

The service was last inspected in June 2016 where the Commission highlighted a number of concerns. The service was previously rated inadequate overall and was placed in special measures. Although some improvements had been made since our last inspection, the overall rating remains "Inadequate" and the service in special measures for a further 6 months during which time we will return to check if further improvements been made and sustained.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 the service had not made improvements in regards to staff recruitment and we were seriously concerned about the lack of essential checks not being carried out before staff commenced employment. We urgently imposed a condition on the provider's registration in regards to safe recruitment practices. The service was also unable to evidence whether or not there were sufficient numbers of staff to meet people's needs. The provider who is also the registered manager (hereafter referred to as 'the provider') had been struggling to manage the service as they had also been working with staff to cover care calls to people due to the lack of sufficient staff. During this inspection we found the service had not implemented nor used quality assurance systems to drive improvement of the issues highlighted at the last inspection.

The service had made improvements to ensure staff delivered support that was effective and caring and this was in a way which promoted people's independence and wellbeing, whilst people's safety was ensured.

Systems had been developed to gain people's views and the provider shared with us what this would look like once implemented. Staff were better supported as team meetings were now taking place, training was being delivered and the provider had commenced supervisions with staff including observations of their practice. A complaints procedure was in the process of being developed and we saw evidence of how this would work once implemented.

Staff understood their responsibilities and how to keep people safe. People's rights in relation making decisions were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA). The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

People and their relatives told us staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks.

The provider now needed to ensure that areas of shortfalls were promptly addressed and where improvements had commenced that these were imbedded in long term consistent good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The recruitment process was not robust in ensuring that staff were safe to work with vulnerable people.

The service was unable to evidence that they had adequate amounts of staff to meet all visits safely.

Staff knew how to recognise and respond to abuse correctly all people felt safe and we found that the arrangements to keep people safe were in place.

Individual risks had been assessed and identified.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were required to ensuring that staff supervision was recorded effectively and good practice was embedded through their everyday practices with people who used the service.

The service carried out Mental Capacity Assessment to assess people's ability to make informed decision in regards to care.

People were supported to meet their needs and their nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Requires Improvement ●

The service was caring and improvements had been made, however the rating will not change at this inspection as the provider need to show sustained improvement over a longer period to ensure good quality care delivery over time.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported

and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

The service was responsive and improvements had been made, however the rating will not change at this inspection as the provider need to show sustained improvement over a longer period to ensure good quality care delivery over time.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Requires Improvement 

Is the service well-led?

The service was not well-led.

The service had not implemented any quality monitoring processes they had in place to ensure the service maintained its standards.

There was a lack of managerial oversight of the service as a whole.

Inadequate 

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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 10, 13 and 14 October 2016 and 01 November 2016 and we gave the provider 48 hours' notice as this was to an office location and we needed to ensure that someone would be available for the inspection. It was carried out by two inspectors on the first day and one inspector on the last three days.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with four people who used the service, one relative, two staff and the registered manager who is also the provider. We looked at records in relation to nine people's care, six staff recruitment folders and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

At our inspection in June 2016 we found that the provider did not have robust systems in place to ensure that staff employed were of good character and had the qualifications, competence, skills and experience which are necessary to work with vulnerable people, as required by regulation. At this inspection of October 2016, and despite the provider telling us they had completed all the required checks, we found the service was still not carrying all the necessary checks on staff before they commenced employment with the service.

We reviewed the staff files for the four active staff providing personal care to people. We found that there were several shortfalls within their records and that safe recruitment practices had not been followed to ensure people were not exposed to risk.

Two staff members' files contained no evidence of a recently completed DBS check; a further staff member only held a DBS check from a previous employer dated September 2015 and there was a gap in their employment from August 2015 – March 2016 which had not been explored as part of the vetting process. The fourth staff member's file contained a DBS check from a previous employer dated in 2013; this disclosed a conviction that could be associated with behaviour that could potentially put service users at risk of harm. The provider told us that they had explored this conviction and were satisfied that the staff member was safe to work with people using the service but had not recorded this in any form of risk assessment or action plan.

For all four staff files we reviewed, they either contained no references or these were basic and without clear dates or who they were completed by. Staff did not have interview records on file to show how the provider had deemed them suitable for their current role. Staff files also either did not contain application forms or these had been poorly completed with no clear evidence of employment histories. Because of the lack of employment histories available for staff, the provider was also unable to evidence how they assured that references that had been received were from previous employers and could be accepted as part of their recruitment process.

The documentation for two staff members to prove their right to remain in the UK to work had expired and the provider had not sought the most up to date information from the Home Office to confirm their continued right to work in the UK. A third staff member did not have this information on file at all.

There were no risk assessments or actions in place to mitigate risks posed by allowing this staff member to begin work providing personal care without the required information received or enquiries having been made to ensure their suitability for their role and of good character.

After the first day of inspection the provider informed us that the two staff members who did not have up to date documentation of their right to work in the UK were not being offered any further work until they had presented all the necessary documentation.

After the inspection the manager informed that they would work alongside all staff still working in the

service until up to date DBS checks had been carried out. We have since been informed by the provider that they have been able to obtain DBS checks for most of the staff employed and those still going through the recruitment process.

Due to our concerns regarding these failings we urgently imposed a condition on the provider's registration in regards to this regulation and their need to comply with it to ensure people's safety.

The lack of appropriate checks to ensure staff were safe to work with people using the service is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the time of our October 2016 inspection, the service was providing care to 17 people in their own homes and employing 11 members of staff with only four staff members actively working. During both inspections the provider was unable to confirm how staffing levels for the service were calculated. There was no systematic approach to determine the number of staff required, to review the service's staffing levels and to ensure that the deployment of staff met people's changing needs and circumstances.

At this inspection the provider had been able to provide worked rotas from previous weeks, however had not been able to provide us with any future rotas to show how the service was planning on ensuring that all calls would be covered. The provider informed us, "At present we do not have a planned rota and between me and the staff we work through all the calls, and since the last inspection we have not had any missed calls." At the previous inspection people told us that care call times vary from time to time, on some days staff will be on time however some days, mainly at the weekend, staff can be late. People informed us that someone from the office will always call to let them know of the delay. Since the last inspection in June 2016 people we spoke to informed that there had not been any late or missed calls, however we remained concerned that the lack of staff rotas and planning along with low staffing levels posed a potential risk of calls being missed or being delivered late. The provider confirmed that the service had reduced the number of calls being carried out and they were not looking at increasing the number of people being supported until a point at which they had adequate staff recruited, which was ongoing.

At our last inspection we found that risks to people had not always been assessed and recorded appropriately. During this inspection of October 2016 we found improvements had been made. All of the nine people's care folders we reviewed had up to date risk assessments in place. We also found staff to have the knowledge they required to ensure the safety of people using the service. One member of staff informed, "On arrival to each person's home I always assess the environmental risk before providing them with support, and this ensures that we are providing care in a safe environment." Another staff member added, "Every time we support people we always assess how they are transferring. If we note that their mobility is deteriorating we will contact the manager and request for an Occupational Therapist to assess for mobility aids such as Handrails or Hoists."

In June 2016 we found that the administration of medicines by staff for people needed improvement as staff administering medication had failed to ensure that people received their medication as prescribed. At this inspection in October 2016, we found that the required improvements had been made. The provider showed us records of the monthly audits and medication counts that had been completed since our last inspection. These confirmed that the provider was taking all the necessary steps to ensure that people who required support with their medicines were receiving medicines in a timely manner. In addition the provider informed us that at present the service was not taking on new care packages with people who require support with their medicines, until a point at which the provider has adequate staffing levels, auditing and medication counts are embedded into staff practice and all staff have been deemed competent to administer medication.

People and their relatives told us all medicines were safely and securely stored. The service had a procedure in place for the safe disposal of medicines which involved contacting the pharmacist to arrange for unused medication to be disposed. Medicine administration records (MAR) we checked were correctly completed with no unexplained gaps or omissions. Staff informed us that they had received appropriate training. Staff advised that competency checks had been completed in order for them to safely support people with their medications however the registered manager was unable to provide us with records to evidence this.

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the provider would act appropriately in the event of any future concerns. Staff informed that they had done e-learning and gone through training workbooks with the provider. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were clear on what actions they would take should they have any concerns about people's wellbeing.

Is the service effective?

Our findings

At our last inspection in June 2016 the provider informed us that most staff had received training to carry out their role. However the provider was unable to show us records to evidence this. At this inspection of October 2016, we found staff at all levels had improved their knowledge and skills which would help them to provide good quality care to people.

The provider was still working on a structured plan for staff supervision, appraisals and observations for staff working in the service and was aware that this remained an area for improvement. In addition the provider informed us that they had still hoped to employ an office member of staff however had not been successful in finding the right candidate. We did find that team meetings had commenced, as well as some observations of practice and supervisions. All staff had also retrospectively received a detailed induction, including observations of their practice. We also saw the provider's training record which showed that staff had received training in all key subjects to equip them with the knowledge they require to deliver safe and responsive care.

Staff we spoke to during this inspection informed us that since the last inspection the provider had provided them with support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Staff member informed us, "Over the last few months the manager has been doing care calls with us and during each call the manager will do training with us and assess how I am providing care." Another staff member informed, "When I started the manager carried out care calls with me, during this calls the manager showed me how we should be recording people's medication and how we should be assisting people with their personal care needs".

Records we reviewed showed improvements had been made in regards to staff having regular supervision. The provider informed that they regularly carried out observations with all staff as to ensure that staff were suitably qualified, competent, skilled to perform their duties, this would also be used as part of staff development. Staff confirmed that they had supervision with the provider and should they require any support they could contact the provider at any point for informal supervision.

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.

We found staff at all levels to have knowledge on the Mental Capacity Act and the requirements of the Act in supporting people to make decisions. Staff informed that training had been provided by the provider. One member of staff informed us, "Some of the people we support need help with making decisions such as what clothes to wear and whether or not to have a full body wash, explain to each person the importance of each of the options, then help them make a decisions."

Since our last inspection the provider had reviewed every person's care records and assessments were in place to assess people's capacity to make day-to-day informed decisions. There were records of best interest decisions being made in the interests of the individual. One member of staff told us, "Some of the people we support are not able to make a decision about their safety, so we support them to make decisions and ensure their safety all of the time in line with the MCA guidelines." Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to manage the risk ensuring that people's wishes and feelings were being respected.

Were people required support from staff to have enough food and drink as highlighted in people's assessment of needs. The provider informed us that they would regularly monitor people's food intake to ensure that people had a balanced diet; the provider had food and fluid charts in each person's records, which staff recorded and monitored at each care call. The provider told us, "We are in regular contact with relatives, district nurse and the GP to monitor people's weight and wellbeing." Relatives informed us that the service supported people to have enough food and drink of their choice and that staff would also inform relatives when people's food stocks were running low. Records we viewed also showed that staff were recording when they had supported people with food and drink provision.

People's healthcare needs were monitored and supported through the involvement of a range of relevant professionals such as General Practitioner (GP) and nurse specialists. We found that people received appropriate healthcare support to meet their diverse needs. People and their relatives were happy with the level of healthcare support provided and told us that they were kept informed about people's health and wellbeing. One relative informed of when their relative's medicines had been changed, the service communicated with them and also arranged for the new medicines to be delivered.

Is the service caring?

Our findings

Although some people and their relatives at our last inspection in June 2016 told us staff were caring and kind, our findings showed this was not always consistent. Some people and their relatives told us staff interactions were limited and not personalised. At this inspection of October 2016, we found improvements had been made in regards this. People and their relatives told us they found staff to be friendly and caring towards them. Staff informed us they felt it was their responsibility to make sure the people they cared for mattered as most people have little interaction with the outside world. One person informed us, "I find all the staff listen to me and treat me with respect." People told us they found staff to have a positive attitude towards caring for them. One person said, "My carer [name] has been really good, I have built a really good relationship with them, it's a shame I don't also get them at all my calls."

The service had reviewed all the care plans to ensure they were personalised to each individual's needs. The service had worked closely with all people, professionals and relatives to undertake individual ways of providing care for all the people using the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans. The provider told us that they supported people to be independent by encouraging people to have more of say on how and when they wanted their care to be delivered. For example the registered manager as part of reviewing people's care plans they had discussed and given people preferred call times where possible. People told us they felt their independence was promoted and staff respected their choice and people were always given a choice on how they wished to be supported. One person informed us they preferred early calls so they could go out in the morning to have their breakfast in a local café and they had discussed this with the provider who in turn accommodated this request.

Staff knew people well, their preferences for care and how people preferred to spend their day, as this would have an impact on when staff could deliver care and not restrict people from going out as they wished. One person informed us, "My carer knows I need to go and do my shopping around midday so they always get here early so I can get out in good time and I am not waiting around for them to come to me". People and their relatives were aware of their support plans and had held review meetings with the management team and social services to identify any needs or wants they may have, along with their overall well-being.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person said, "If the care staff are still here when I am getting into my car they will help me, put everything I need into the car and on some days when I am not feeling too great my carer will go to the local shop and do my shopping for me".

People were supported and encouraged to access advocacy services. People told us they had been given the option to have an advocate present during review meetings if the person did not have relatives or friend to support with the meeting.

Although improvements had been made since our last inspection, the rating for this key question will not

change at this time as the provider need to show sustained improvement over a longer period to ensure good quality care delivery over time.

Is the service responsive?

Our findings

At our last inspection in June 2016 we found people did not always receive care in a person centred way. We also found that people's care was not always planned and assessed to ensure people's safety and welfare and care plans were not fully reflective or accurate of people's care needs. At this inspection in October 2016, we found that improvements had been made in all areas. Although improvements have been made the rating will not change at this inspection as the provider need to show sustained improvement over a longer period of time to ensure people's continued wellbeing.

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments. One relative spoke highly of staff's attitude and care of people and added, "[Carer's name] knows my relative very well and when [carer's name] is here I always hear them sharing jokes and [carer's name] always appear happy to be enjoying their work. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, interests and meals.

The provider held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. The provider regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required and this was an improvement since our last inspection in June 2016.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained directly to staff they would either try to deal with it or notify the provider. Since our last inspection there been no complaints to assess the effectiveness of the complaints process in place.

Is the service well-led?

Our findings

At our last inspection in June 2016, we found the service had not established effective systems and process which assessed, monitored or mitigated risk to people using the service. During this inspection we found despite systems being developed the provider had not implemented them into the running of the service to improve all areas of the service. Our findings at this inspection also led to the Commission taking urgent action in regards to the provider's recruitment practices.

The provider could not evidence that since the previous inspection they had been able to implement effective systems or processes which assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. The provider informed us that they had been systematically working through the action plan they had sent into the Commission after the last inspection and was still working all the actions. The provider informed us that since the last inspection they had spent most of the time reviewing and rewriting people's care plans, which we noted had improved significantly. The provider was still unable to demonstrate how they continually analysed, evaluated and sought to improve their governance and auditing practices in line with their own quality assurance policy. Despite a number of effective monitoring systems having been developed since our last inspection, it was evident that improvements still needed to be made to improve the recording and monitoring of care being provided to people using the service.

The provider acknowledged that staffing levels in the service needed to improve and most important and that they needed an effective system to determine the staffing hours that were needed. They also agreed that they needed to have a more robust recruitment process to ensure people were being supported by staff who had undergone all the necessary checks and were deemed safe to provide care to people. This was also required to allow the provider time to focus on running the service and undertake managerial tasks, which had not been completed since our previous inspection. The provider informed us that since the last inspection the service had lost staff members which meant they had been covering most of the care calls alongside existing staff. After the inspection the provider further clarified that when people had been admitted into hospital the service had not been recommencing care until staffing levels had been increased with the service. After the inspection the provider wrote into the Commission informing that the number of people being supported had further decreased as more people had gone into hospital, therefore further reducing pressure on the demand for staff cover until such time that they had recruited further staff.

The lack of effective monitoring and action to make improvement to the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Despite the lack of quality assurance systems being implemented the provider had day to day oversight of staff practice as they worked alongside staff and also had daily overview of people's care needs and support required due to them also delivering care to people. This however had also been the main reason the service had not improved in all areas and we found continued breaches of regulation.

The provider told us that their aim was to support both people and their family to ensure they felt at home

and happy. The provider informed us that they had held meetings with relatives and people using the service since the last inspection to ensure people and relatives were involved in decision-making and improvements to be made.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.