

New Age Care Limited

New Age Care

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

New Age Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection, the provider told us they supported 44 people who were in receipt of the regulated activity of personal care. People received care calls ranging from 30-minute calls, up to care calls requiring 24/7 live in support.

Everyone who received support at the time of our inspection, received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We checked examples of updated care plans and found these were not always accurate or they held conflicting information. Some risk assessments although completed, needed additional information to ensure the overall risks were fully documented. Risk assessment scores failed to correctly identify whether someone was at low or high risk. This meant staff did not have accurate information in order to manage people's risks safely.

We could not be confident people received their prescribed medicines safely. Systems to support safe medicines practices were ineffective. Medicine Administration Records (MAR) did not always correlate with people's care plans. It was not always clear what medicines a person had been prescribed or if staff administered them. In some examples, people who needed 'as required' medicines did not have a detailed protocol in place to tell staff, when, how and what dose of these medicines should be given safely.

People were not protected from ineffective staff recruitment checks. In one example, the provider told us about one staff member who had worked under a different identity. We checked this staff member's recruitment file and found no checks at all were completed. In other staff files, gaps in employment histories were not explored and references were not always requested or completed by the referee. Instead, some references were completed by staff employed by the provider.

Overall, the provider failed to operate and manage a robust and effective quality assurance system. Checks we would expect to be made such as late/missed calls, daily log completion, medicines management, care plans and risk assessments were non-existent. We were not given any records to show checks were completed because the provider told us they had not completed any checks. The provider remained in breach of the regulations.

In spite of the ineffective management of the service, people and relatives told us they were pleased with the support those staff provided to them. People and families said they got on well with staff and they were complimentary about how they were supported. People and relatives confirmed they received their care and support from a regular staff team who knew them well, but in some cases, staff were changed at the last

minute with no prior notice.

People's feedback about the care showed they valued the support they received. However, people's feedback about the management and the organisation of the service said it needed improving. Not everyone we spoke with felt comfortable sharing their experiences about the service.

Whilst people told us they received their care at the right times, we could not be confident there were sufficient staff employed safely to undertake care calls to people.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 October 2022) and there were breaches of regulation. Following the last inspection, we formally requested that the provider sent us a monthly action plan telling us what they had improved. At this inspection, we found the provider remained in breach of regulations.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the poor management and culture at the service. We also received concerns about the lack of effective care planning, staff recruitment practices, management of people's risks and limited oversight from the provider to ensure the service remained safe. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with management of risks, management of medicines, staff recruitment and a lack of effective oversight and scrutiny by the provider so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well Led.

This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Age Care on our website at www.cqc.org.uk.

Enforcement

Immediately following our visit, we sent the provider a letter asking them to respond to the immediate concerns we found at our visit. We continued to seek their updates and assurances they had mitigated the immediate risks to people.

We have identified continued breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We found an additional breach of Regulation 19 (Fit and proper persons

employed).

Since the last inspection we recognised that the provider had failed to display their rating on their website. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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 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.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

New Age Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

The inspection visit was completed by 2 inspectors and 1 inspector worked off site making telephone calls to people and relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. The previous registered manager de-registered on 25 October 2022.

Notice of inspection

This inspection visit was unannounced. The first day of our inspection was unannounced. We informed the provider we would return to continue our inspection the following day.

Inspection activity started on 6 February 2023 and ended on 21 February 2023.

What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as any information shared with us by the local authority and commissioners. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who received a service to get their experiences about the quality of care received. We also spoke with 9 relatives. We spoke with 11 members of care staff that included 2 office staff who supported the registered manager with audits, checks, care call scheduling, care assessments and care planning. We spoke with the owner who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included examples of 5 people's care records, but we were not able to conduct a thorough review of people's daily records and medicine records as they were not available because they remained in people's homes. We reviewed 6 staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found systems and processes were not good enough to demonstrate risks associated with people's care were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Risks were not always assessed which continued to put people at risk of receiving unsafe care. For example, one person had diabetes. There was no diabetes risk assessment or care plan to direct staff on how to identify concerns relating to safe diabetes practices. This placed the person at increased risk of ill-health.
- One person had epilepsy. Care records had not assessed or mitigated the risks associated with this condition. There was no information about how staff should respond if this person had a seizure as a result of their health condition. This could result in the person being at risk of possible harm if issues were not promptly identified or responded to by staff.
- One person had a catheter and another person had a stoma (a stoma is an opening on the abdomen connected to the digestive system to allow waste to be collected). There were no risk assessments or care plans to guide staff on how to support these people safely or to be aware of any issues such as blockages and infections. Instructions for staff to help them complete tasks associated with these conditions safely were not in place.
- The provider used risk assessment tools to identify the level of risk. We found these had not always been completed accurately to identify the correct level of risk. In one example, a person was at risk of falling but there was no risk score or prevention measures in place. Another person's risk score failed to record risks related to management of their diabetes which would have increased their overall risk to high. A lack of effective risk management meant staff did not have accurate information to manage people's risks safely.
- The provider was not able to demonstrate an effective system for overseeing incidents and accidents to identify any themes or trends, reduce the risk of reoccurrence and share lessons learned.
- The provider had failed to take learning from our last inspection which left people at risk of poor or unsafe care.

Using medicines safely

- The management of medicines required improvement. Some people did not always have specific medicines care plans detailing what level of support they needed from staff and in what circumstances. If they did, this did not match their medicines administration record (MARS). This presented particular risks when staff shared responsibilities for giving medicines with family and other care providers.

- Staff recorded when medicines were given on a person's MAR. However, we were not assured all medicines given were listed on the MARs. For example, one person's daily records indicated staff administered eye drops and topical creams for this person. There were no records of either medicine on the MAR or within the person's care plan.
- It was not always clear what medicines were prescribed and what medicines were over the counter for those people staff supported. We found MARs and people's medicine care plans conflicted with each other. We were given a very limited number of MARs to review because those records were not kept in the office.

We found no evidence people had been harmed however, the provider continually failed to robustly assess all necessary risks relating to the health safety and welfare of people. This placed people at risk of harm. This was a continuing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not protected from ineffective staff recruitment checks.
- The provider told us they conducted relevant pre-employment checks. However, those checks were not always completed.
- The provider told us about one staff member who worked under the identity of another person. We checked this staff member's recruitment file. There were no records to support safe employment checks were completed at all. There were no identity checks, right to work, proof of a criminal record check and relevant references. This person worked unsupervised with people in their own home on a 24 hour/7 day a week basis which placed people at unnecessary risk.
- Other staff recruitment files showed one of the provider's own staff completed references for those staff recruited. Gaps in employment histories went unchecked and, in some examples, there was no effective checks on staff's self-employment status.

A lack of effective staff recruitment checks had the potential to put people at unnecessary risk. This was a breach of regulation 19 (Fit and proper people employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, we sought assurances from the provider with regards to the staff member with no employment checks. The provider confirmed to us this staff member no longer supported people.
- Despite shortfalls in records, staff spoken with told us they had received appropriate training and were able to explain how they mitigated risks and cared for people safely.
- People and relatives raised no concerns to us that staff had missed calls. If calls were running late, people said they were notified. However, relatives of those people who received 24 hour support said changeovers took place sometimes with no advanced notice and they were not always informed which staff member was going to cover the call.
- Office staff and the provider continuously supported care calls during the inspection visit to ensure people received the care they required. For calls that were 'live in', people said they had regular staff who supported them.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to safeguard people and report any concerns to the provider and other healthcare professionals. One staff member told us, "First I would inform the office and if they didn't take any action, I would contact the local safeguarding team."
- However, whilst staff understood what safeguarding meant, we found during our inspection, staff shared information with us about specific examples that should have been referred to the local safeguarding team

It was clear from those conversations, staff lacked confidence to share their concerns with the provider. We will follow up on the concerns shared with us and refer to the appropriate agencies where required.

Preventing and controlling infection

- People and relatives were satisfied with actions taken by staff to reduce risks of infection.
- Staff had access to personal protective equipment (PPE) when needed and in line with good practices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made. The provider remained in breach of regulation 17.

- Following our last inspection, the provider had failed to make and sustain the necessary improvements to ensure their systems supported the provision of good quality care.
- There was a lack of order in record keeping and some documents, audits and checks we asked for could not, or were not, made readily available to us. When we asked the provider for this information, they told us it was not brought into the office from people's homes. Other routine information we asked the provider for was not readily available to us. This included basic information such as the number of staff employed and the number of people receiving a care package. Following the inspection visit we had to request this formally from the provider and even then, we received a list of staff names that did not contain all staff and different numbers of people they supported.
- We found a lack of robust systems and processes within the service to continue to monitor and review the quality of service people received, along with a failure to effectively respond to and record improvements. This has led to some people receiving an ineffective or potentially unsafe service.
- Systems to update and review care plans and risk assessments were not effective. We found care plans needed more personalised information. In some cases, people told us they did not have any care plans at their home.
- One relative shared their concerns about a lack of clear care and risk planning information. They told us they had to write the care plan. They said, "There was no care plan from August 2022 to December 2022. I had to write to the care plan, that's what's in the house. [Person] is at risk of falls but there is no information in their care plan for falls."
- The provider's systems and processes to assess and monitor people's care packages were not effective or meaningful. We were only shown 1 quality review which the provider said was their audit. This 1 audit was a summary of the care provided to an individual, rather than a robust assessment of care and risks to ensure everyone received the right support to keep them safe.
- The provider told us senior staff within the organisation had responsibility for maintaining accurate care and risk management plans. The provider having delegated this task, had failed to follow up on it.

- Systems for identifying and capturing organisational risks and issues were not always effective. For example, there was a failure to review accidents and incidents to identify any areas for improvement in risk management or staff practice.
- Issues identified during this inspection were similar to issues we identified at the previous inspection. The provider had failed to follow their own action plan to make the necessary improvements to ensure they met their regulatory requirements. When we asked the provider why they failed to improve, they said, "I haven't had any oversight. I haven't been on it (quality assurance) because I thought other people were. I accept the responsibility."

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

- The provider did not always give opportunities for people and their relatives to share feedback on the service. There was no formal process for people and relatives to provide their feedback about the service. Some relatives told us they had made suggestions or had discussions with the provider about the quality of care, relatives felt their concerns and opinions went unheard.

A failure to hold records, complete reviews, seek feedback and take steps to drive improvements through effective governance and quality assurance was not possible because the provider told us they did not have any systems and processes of checking. The above issues demonstrate a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was not displaying the current rating of the service. Providers must ensure their rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and on their website if they have one. Following our visit, the provider told us this would be rectified immediately. On 24 February 2023, the provider continued not to display their rating. This demonstrated a breach of Regulation 20A (failure to display ratings) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked again on 30 March 2023 and the report was displayed.

- Some staff felt the service was focused on providing a person-centred approach. One staff member told us, "With other agencies they would place people for the care but with New Age, they look at the finer details and match with personalities, so you have a connection. They make sure we are well qualified and just as happy as the person we are caring for." However, other staff had raised concerns prior to and during our inspection about the management of the service. Some of those concerns included issues with staff recruitment, lack of care planning and of a culture that meant they did not always feel confident speaking out.
- There was no clear process for the provider to get all staff's feedback and to review and make any changes necessary to enhance the culture at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives' feedback about the management of the service was not positive. Some relatives felt uncomfortable raising concerns. One relative said they had constant confrontation with the provider and no longer wanted to receive care from them. Other relatives shared with us examples where the provider voiced their feelings about other staff and personal situations which they felt was unprofessional and unnecessary.
- When things did not go to plan, relatives said there was no explanation or apology given. This happened frequently when staff were swapped last minute.

Working in partnership with others

- The provider did not proactively work or engage with other agencies or organisations that could offer help, support and guidance. The provider entrusted those staff around them, but this did not always drive the improvements and knowledge of compliance through the service.
- The provider had not sought to continuously improve their own knowledge. For example, learning from previous inspections or understanding their legal obligations as set out in the regulations. Following our visit, the provider told us they were willing to learn from the inspection so they could improve care practices and standards at New Age Care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider continued not to adequately assess and protect people from risks. Those risks were associated with people's health, welfare and how people received their medicines. Systems and processes to check people received their care, support and medicines safely were not always effective.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider continued not to ensure they operated robust quality assurance systems and processes effectively to monitor the service appropriately, including people's safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not operate and follow safe recruitment processes to ensure staff were of suitable character to support people safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider failed to display their rating on their website following our September 2022</p>

inspection in accordance with their legal duty. Provider did do this prior to final report being sent. We took no further action.