

Newlife Care Providers Ltd

Newlife Care Providers

Inspection report

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Date of inspection visit:
15 February 2019
22 February 2019
24 February 2019

Date of publication:
05 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on 15, 22 and 24 February 2019.

We gave the provider 48 hours' notice to ensure someone would be available at the office.

This was the first rated inspection of Newlife Care Providers Ltd since it was registered in 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger people. At the time of inspection nine people were using the service. We were unable to gather people's views through telephone interviews.

A registered manager was 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.

Staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were appropriate recruitment processes being used when staff were employed.

Information was accessible and people were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

Relatives told us people were kept safe and staff said they felt safe as they supported people. They said there were enough staff available to provide safe and individualised care to people. Staff knew people's care and support requirements. There was a very good standard of record keeping that accurately reflected people's care and support needs.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care. Care was person-centred and provided with kindness and people's dignity was respected.

People had food and drink to meet their needs. People were appropriately supported to maintain their health and they received their medicines in a safe way.

A complaints procedure was available. Relatives told us they would feel confident to speak to staff about any concerns if they needed to. People had access to an advocate if required.

A range of systems were in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people and their views were used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Systems were in place for people to receive their medicines in a safe way.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people.

Staff had received training with regard to safeguarding and were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good 

The service was effective.

People were provided with good standards of care by staff who were well trained and supported in their roles.

Systems were in place to ensure people consented to their care.

The service assisted people, where required, in meeting their health care and nutritional needs.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and supportive of people and their families.

People were offered choice and staff encouraged them to be involved in decision making whatever the level of support required.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

Is the service responsive?

Good ●

The service was responsive.

Detailed records ensured people received person-centred care.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care.

People had a copy of the complaints procedure in case they needed to complain. Complaints and any action taken were recorded.

Is the service well-led?

Good ●

The service was well-led.

An ethos of involvement was encouraged amongst staff and people who used the service.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Newlife Care Providers

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.

This inspection took place on 15, 22 and 24 February 2019 and was announced.

We gave the provider 48 hours' notice to ensure someone would be available at the office.

We visited the office location on 15 February 2019 to see the registered manager and reviewed the service's systems and records. On day two and three of the inspection we made telephone calls to some relatives and staff.

The inspection was carried out by one inspector.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During the inspection we spoke with the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the site visit we telephoned and spoke with four relatives and four staff. We were unable to speak with people who used the service on the telephone.

Is the service safe?

Our findings

Relatives thought people were safe and staff told us they felt safe with the support they received from the service. Relatives comments included, "I think [Name] is quite safe with the workers", "[Name] is safe when the staff are there at the house", "[Name] is definitely safe with the staff. They may not remember all of their names but recognise the purple uniforms when staff come in the house" and "[Name] is absolutely safe with staff, I trust them." Staff comments included, "I feel quite safe, we may double up for the last call which is 9.30pm", "I am safe at work, but I know if I didn't feel safe, I'd just tell the manager and they'd do something about it."

People and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. The registered manager told us and records showed all incidents were audited and action was taken by the responsible person as required to help protect people.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Staff comments included, "If you needed the manager, you can phone them and we all have other staff phone numbers" and "The manager will get back to you if you leave a message."

Staff told us they thought there were sufficient staff to support the number of people using the service. There were 11 support staff were employed by the service, including the three staff on the management team to support nine people. Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider. This enabled the registered manager to plan for each person's care and match this to available staff. Each person's dependency was assessed and where necessary people would be supported by two carers at a time. One relative said, "Two care workers always come to the house." Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to the manager or the local authority safeguarding adults team.

Procedures were followed to safeguard against financial abuse. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. These measures helped assure people that their money was being handled safely.

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control. Their comments included, "You let the manger know and she'll top up any protective equipment, spare records we need at the house." Relatives said staff wore protective equipment when carrying out personal care with people. Their comments included, "Staff have a box in the bedroom with their gloves and aprons for them to use", "Staff have protective equipment at the house, they wear gloves and aprons" and "[Name]'s cleaner says what a good job the staff do. Everything is tidied in the kitchen before staff go, bins emptied and staff will leave messages for each other for anything that may need doing. The place is spotless."

People received their medicines when they needed them. Staff had completed medicines training and periodic competency checks were carried out. One staff member told us, "I was observed before I dealt with medicines." Staff had access to a set of policies and procedures to guide their practice. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff were vetted for their suitability to work with children and adults before they were confirmed in post. Checks were carried out and included ensuring the receipt of employment references. We advised that telephone references should make clear that they were follow up telephone references and not be transcribed onto Newlife documentation. The original reference should be added to, where a reference was followed up. The registered manager told us that this would be addressed. A Disclosure and Barring Service (DBS) check was obtained before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults or children. This helps support safe recruitment decisions. Records for the most recently recruited staff members showed documentation and checks were in place for them.

Is the service effective?

Our findings

Relatives made positive remarks about the staff team and their ability to do their job effectively. Their comments included, "I do think the staff are trained", "Staff know how to use the hoisting equipment", "Staff are very good on picking up on [Name]'s mood they will let me know if [Name] is down, or having an off day."

Staff had opportunities for training to understand people's care and support needs and they received training in safe working practices. They said they were supported in their role. Their comments included, "The managers are so supportive and flexible", "I've done all my mandatory training and I receive other training too," "I have supervision with the manager every three months", "I get regular supervision", "You can just say to the manager what extra training you're interested in and she'll try and source it" and "I've done dementia care training."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. One staff member said, "I shadowed other staff for a week." Another staff member told us, "I did a meet and greet with people before I started to work with them, the manager took me around." This ensured staff had the basic knowledge needed to begin work. One staff member commented, "It was so person-centred my induction. The manager took me around and introduced me to all the people before I started working on my own with them. This was so helpful so you felt comfortable." Staff told us induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.)

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking. Individualised care plans described people's dietary requirements, likes and dislikes, and the support they needed. One relative told us, "We had a meeting to put plans in place to make sure [Name] was eating."

Staff told us communication with the office and staff was organised. Staff comments included, "We communicate on daily basis", "I work part time but I'm kept up-to-date with people's needs. We have handovers so when staff work, they know if GPs or district nurses have been to visit people", "Communication is excellent, the manager and other staff keep us up-to-date about people", "We have daily

handovers and you read the daily dairy in people's homes" and "You can ask any staff member and they'll tell you." Relatives told us communication was effective and they were kept informed. Their comments, included, "Communication is very good. I may leave a note if [Name] has been to the GP or may contact the manager who lets the staff know if there are any changes" and "Staff let the manager know when they were worried [Name] wasn't eating and they let me know."

People using the service managed their own medical appointments, or were supported by relatives. Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Records showed these decisions involved relevant professionals as well as the person's family or representative.

Is the service caring?

Our findings

Relatives were overwhelmingly positive about the care provided by staff. Their comments included, "Staff know how to care for [Name], they are very caring and patient", "Staff all care, but some go over the top and give just that little bit more", "[Name] is happy and that makes me so happy", "[Name] is happy, comfortable and contented with the staff", "It's lovely to see [Name] chatting away to staff", "Staff never rush [Name]" and "Staff are very personable. They never moan and they're always cheerful."

Relatives told us they were very happy with the support and the staff who provided support. They said staff stayed for their allocated time, were reliable and arrived as arranged. Their comments included, "The staff aren't rushed and always have time for a chat with [Name]", "The staff may be late the odd time, but never very late, if they were held up would let us know", "I'm quite happy with the care workers, they are very reliable and good", "The staff are usually on time, it's swings and roundabouts, they may run over time at [Name]'s house, and then be held up at our house depending how chatty [Name] is" and "Staff let us know if they are held up at another call."

People and relatives confirmed that people usually received the same workers to provide consistent care and support. They commented, "We get a schedule every week to say which staff are coming", "It's a small company and [Name] knows all the carers and they know [Name]", "[Name] has the same staff each visit, they know them and that's good" and "We know all the staff that visit."

People were provided with information about the service, including who to contact with any questions they might have. One relative commented, "The agency leave a folder in the house with the records." All of the relatives we spoke with confirmed they knew who to contact at the agency and informed us they were involved in reviews of their relative's care. Their comments included, "We got the telephone numbers for the agency when we started to use it", "We were given a couple of telephone numbers as the manager isn't always in the office" and "I have telephone numbers for the management, and for some staff when the manager isn't around."

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. Records were also available for new staff who were not familiar with people and the detailed person-centred information gave them some insight into people's interests and likes and dislikes. Examples included, "I support Chelsea football club", "I enjoy bingo", "I have a great sense of humour", "I prefer to get up at 7am", "I love the movement on the trampoline" and "I really enjoy transport. I enjoy going on the train and just riding on the bus."

Information was accessible and was made available in a way to promote the involvement of the person. Where people had complex needs, such as visual impairment, there was sensory information available so staff were aware of what the person liked and didn't like. For example, "I like to feel the wind on my face." People were supported to express their views and were actively involved in making decisions about their care and support. One care plan stated, "Offer [Name] a choice with what to wear for the day. Occasionally

[Name] might decide to stay in their nightwear."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. For example, one care plan recorded, "I can communicate well face-to-face with people but give me time to consider and answer and putting my response into words." Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. For example, one communication care plan stated, "People communicate with me through Makaton, [hand signs] I use facial expressions and point at things to make my feelings known." A relative told us, "I told staff about [Name] and it's written in their care plans how they communicate, so all staff know."

The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we spoke with, who demonstrated a professional and compassionate approach. Relative's told us people's privacy and dignity were respected. They commented, "Staff know to follow how [Name] used to dress, I leave clothes ready" and "[Name] is spotless, squeaky clean, smells and looks lovely, I'm so pleased, as it wasn't always like that, before this agency."

People and their relatives were supported, to have access to advocacy services to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People and relatives were asked whether the service was responsive to their needs, whether they were listened to and if they were involved in planning their care. Relatives told us they had all been included when developing the care plan and were listened to. Their comments included, "I'm delighted with the care", "We're all having a meeting with the social worker next week to see if everything is in place for [Name]'s care", "The service is flexible, they're [staff] jiggling the time of the morning call to when [Name] is the most receptive to getting up" and "We had a meeting with the social worker and Newlife staff to see how everything was going not long after [Name] started using the agency."

There was a very good standard of record keeping to ensure people's needs were met individually and person-centred care was provided.

People's care and support was assessed and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager spent time with people and relatives, finding out about their particular needs and their individual preferences. Apart from in emergency situations where care was arranged with little or no notice, care staff would be introduced to people before care commenced and given time to read the person's care plan. The care plan was kept at each person's home, with a duplicate copy held at the provider's office. One relative told us, "[Name]'s care plans are in the house."

Care plans covered a range of areas including, diet and nutrition, communication, health, personal care, managing medicines and mobility. Care records were written using clear language. If new areas of support were identified then care plans were developed to address these. Care plans provided very detailed information to guide the care practice of staff. This included what the person could do to be involved and to maintain some independence. They provided instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. Staff provided the necessary support and were receptive if people's needs changed. One relative told us, "Staff always do what's needed and will ask if anything else needs doing."

Staff completed a daily record for each person and recorded their daily routine and progress in order to monitor their health and well-being. Relative's comments included, "The note taking is phenomenal. I get a really good idea of how [Name] has been. The staff report what [Name] has had to eat, how they are feeling and how they have presented to staff during their visits" and "Care workers will let me know how [Name] is doing and fill in the book, when they've finished the call." This information was then transferred to people's care plans which were up-dated. Reviews of care were completed regularly. We saw if new areas of support were identified then care plans were developed to address these. Staff indicated that if they had concerns, or people's needs changed they would inform the office staff and the registered manager so a further care review could be carried out.

Relatives told us the service was responsive in accommodating people's particular routines and lifestyle. Where appropriate staff supported community activities. The service worked with people's wider networks of support and ensured their involvement in activities which were important to them. One relative said,

"Staff take [Name] out to the park and out for lunch" and "[Name] goes to music therapy sessions every week."

Relatives said they would know how to complain if they needed to. Most said they would speak to a member of staff and the registered manager if they had any concerns. Staff told us people were informed proactively about the complaints process. Their comments included, "I would speak to the manager if I had any concerns", "I had a couple of niggles but the manager had already identified them and was addressing them."

A record of complaints was maintained. Four minor complaints had been received which were investigated and resolved with the necessary action taken. They also showed the manager contacted the complainant again a month later to check that any required improvements had been maintained.

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in September 2016.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we accessed the care records we required.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the office was very relaxed and friendly. Relatives we spoke with were very positive about the registered manager's leadership and had respect for them. All relatives and staff said the manager was approachable. Their comments included, "The registered manager is definitely approachable", "You can telephone the manager and they are very helpful", "If you leave a message or text to the manager, they will contact you", "The manager is very approachable, all the staff are" and "The manager is lovely."

Relatives were extremely positive about the service provision. Their comments included, "I can't think of anything that needs improving. The manager is on top of everything and seems to have it nailed. Maybe it is because she is out working with the staff on visits", "I'm so pleased with the care and I've let Social Services know", "It's a small company and the beauty of it is, staff have plenty of time to get to know [Name] and [Name] knows them" and "We have had other care companies and this one is certainly very good."

Staff members were extremely positive about the service. All staff said they were well-supported and were invested in by the management team. Their comments included, "It's absolutely brilliant working for Newlife, the service is small and we get to know everyone so we can provide person-centred care", "We have time to spend with people, we're not rushed", "Staff work as a team", "I can't think of anything that needs improving", "I love working for the company, the manager has time for you and listens to what you say", "We're a small company and the manager is really approachable."

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken.

The registered manager told us two weekly spot checks to people's houses took place. Relatives confirmed the registered manager called at their homes to check on the work carried out by the care workers. Their

comments included, "I do know spot checks happen as staff will say the manager's called in to check on staff" and "My neighbour was there when the manager did a spot check. They heard her reminding staff member they needed to always wear their identity badge." Staff confirmed there were regular spot checks carried out by management including checks on paperwork completed, moving and handling, gathering people's feedback and the safe handling of medicines. Their comments included, "We get regular spot checks and I do some spot checks as well" and "Spot checks do happen, you don't know when they're going to be. We have about two or three a month."

Relatives were asked for feedback about the service. Their comments included, "The manager always asks if anything else is needed" and "The registered manager provides care as well, they come to the house a couple of times a week and always asks how things are going." They did not say they had received a questionnaire to complete, as part of the provider's quality assurance process. We advised the registered manager, people, relatives and staff could be surveyed to obtain their views about service provision. This would give people the opportunity to give their views anonymously, or otherwise, as some people may not feel comfortable giving face-to-face response if they had any concerns. The registered manager said that this would be addressed.

Feedback from staff was obtained through staff meetings and asking them for their views to about service.