

New Age Care Limited

# New Age Care

## Inspection report

Unit 2&3 Pure Offices  
3 Plato Close  
Warwick  
CV34 6WE

Tel: 01926675967  
Website: [www.newagecare.co.uk](http://www.newagecare.co.uk)

Date of inspection visit:  
22 September 2022

Date of publication:  
14 October 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

New Age Care is a domiciliary care service providing personal care for people living in their own homes. At the time of the inspection, 52 people were receiving personal care from the service. Staff supported 45 people with care calls ranging from 30 minutes to an hour, staff also supported seven people on a 'live-in' 24 hours a day, seven days a week.

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

We found the quality and safety of the service people received required improvement. Audits and checks were completed, however there was no information to show what was checked, what needed improvement and how those actions led to improvements in the quality of service provided. Examples of completed audits failed to identify the issues we found around care planning, risk assessments and medicines management. The registered manager and the provider managed the quality of the service independently. However, there was no overall view of the service being recorded to identify where potential shortfalls across both aspects of the service were.

People's care and support needs were assessed and used to form their care plan. However, when needs or situations changed, care plans and risk assessments were not always consistent with the care provided. Associated risks to people's care were not always accurate or followed by staff to ensure people remained safe. Following our visit, the registered provider spoke with us and assured us they were committed to make improvements with their own quality assurance processes and with the quality of care provided.

Staff said they worked well as a team, however staff feedback to us indicated issues with communication and a lack of confidence in escalating issues to the provider. Some staff had raised issues but said the issues were not always resolved or that steps were not taken to improve.

People felt safe with staff because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice by referring to the relevant agencies.

Staff had received training in recognising signs of abuse and were aware of their responsibilities to report any concerns there may be. People and relatives spoke positively about the service they or their relative received. People and their family members said they felt safe when staff supported them and their support for most of the time was provided by a consistent staff team. People who received 24/7 support, had the same staff stay with them for several weeks to ensure continuity of care was maintained.

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.

Staff followed current infection prevention control guidance when personal care was provided. Staff had

access to a plentiful supply of personal protective equipment.

Staff received training to help them meet people's needs. Specific training was provided when staff supported people with certain medical conditions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 28 February 2022 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to safe care and treatment and a breach of good governance at this inspection. Please see the action we have told the provider to take at the end of this 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 five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection visit was carried out by one inspector and one expert by experience who made telephone calls to people and relatives. An expert by experience is someone who has experience of using this type of service.

#### Service and service type

New Age Care provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

#### 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 a registered manager in post.

#### Notice of inspection

This inspection visit was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 September 2022 and ended on 27 September 2022.

#### What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as

well as information shared with us through external feedback and share your experience information. 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 were only able to speak with one person who received a service to get their experiences about the quality of care received. We spoke with eight relatives and asked them for their feedback about the service provided to their family member. We spoke with three members of care staff, two client managers, a care manager, a recruitment manager, the registered manager and the provider.

We reviewed a range of records. This included four people's care records, samples of medicine records, daily records and other records associated with their care and support. We also reviewed two 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's needs, and any risks associated with their needs were assessed. This included any identified risks in their home or with any specific care needs.
- However, we found risk management plans were not always updated to reflect changes in people's needs and abilities. Gaps in risk assessment tools in some care plans meant it was not clear how the level of risk had been assessed and managed which had potential to put people at risk of unnecessary harm.
- Staff's understanding and knowledge of people in how to manage some risks was inconsistent. For example, one person's care records showed they required equipment when moving and transferring. There was differing information about the equipment the person required, or information to guide staff when transferring the person safely.
- We found staff did not always use the hoist from the commencement of this person's care. Instead, staff used an unapproved technique which had potential to cause this person serious harm.
- Conversations with the registered manager, provider and staff were inconsistent in how long this unapproved technique continued. Prior to our visit - no attempts had been considered or recorded to seek further support to safely manage this situation.
- We discussed this example with the provider. Following our visit, the provider assured us they had contacted the commissioners to arrange a further assessment. We also contacted the commissioners to inform them.
- We found other health risks were not always fully documented. For people who had a catheter or those people at risk of falling, risks were not always recorded in how staff should safely support people. However, speaking with staff showed they knew how to manage these risks.
- The registered manager told us they would address these issues immediately and following our visit, they had taken action to update those risk assessments to ensure staff continued to provide consistent support.
- Reviews of people's risks were completed monthly, but staff did not always reflect what support people needed or ensure risks were clearly known. These issues were not identified during monthly reviews.

We found systems and processes were not sufficient 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.

### Using medicines safely

- Almost all the people took responsibility for their own administration and ordering of medicines.
- Staff had received training on how to administer medication safely to those people who required this level

of support.

- However, where people had medicines administered by staff on an 'as needed' basis, there were no 'as and when' protocols to tell staff, when and how to give those medicines. The following day, the registered manager told us these had been completed in the examples we reviewed. Staff spoken with told us those records had gone to the office to be updated.
- From speaking with staff, we were assured staff knew why, where and how to apply prescribed creams as and when required.

#### Learning lessons when things go wrong

- Staff were aware of their responsibilities to report on any accidents and incidents they were made aware of.
- We saw records of accidents or incidents and these recorded what actions had been taken. However, there was no recorded analysis of those incidents to identify any patterns or trends to mitigate similar incidents from reoccurring. Where incidents such as falls had been recorded, we saw actions had been taken to keep people as safe as possible. However, their risk assessments were not always updated.

#### Staffing and recruitment

- People were protected from the risk of harm because the provider followed safe recruitment practices. However, we told the recruitment manager they must ensure application forms were completed to ensure all relevant information was recorded.
- References and DBS checks [Disclosure and Barring Service] were completed prior to staff commencing in their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The recruitment manager told us they continually recruited staff to help grow the business and take on more packages of care.
- People told us there were sufficient numbers of staff to meet their needs. People and relatives confirmed staff turned up on time and stayed the correct length of time for each call. One relative told us, "I am very happy with the company, (Relative) has a double up call and there have always been two staff come to each call." Another relative said, "My (Relative) has a daily call during the week and two calls at a weekend. From the day it started there has never been a problem. The girls come on time, and they always stay the full time."
- The registered manager told us, and we saw, call monitoring took place regular through the day and through regular phone calls with people, to ensure staff's attendance was maintained.

#### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse. A typical comment was, "They are friendly and nice staff and they are genuine and are all part of a good team...I couldn't ask for better for (Relative)."
- People and relatives felt safe with staff in their own home.
- People were supported by staff who had received training in how to recognise abuse and poor practice. Staff told us they were aware of their responsibilities to raise any concerns. Staff we spoke with had not seen any concerns, but if they did, they knew what to do. One staff member told us, "If I saw any abuse which I have not, I would report it straight away to the manager."

#### Preventing and controlling infection

- The provider followed the latest government guidance to ensure people and staff were protected from any risk of infections.
- People and relatives told us staff always wore personal protective equipment (PPE) to keep them safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by senior staff prior to them taking on the package of care, to ensure they could meet the person's needs.
- Care was planned and delivered in accordance with best practice and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- People felt confident staff knew how to help them. One person needed equipment to help them transfer. Their relative was confident staff knew what to do.
- Staff felt supported, trained and they were given time and investment through training opportunities to help them care for people.
- Staff were provided with an induction and training to provide them with the skills required to carry out their role. Staff were given the opportunity to shadow a number of shifts and had their competencies assessed prior to supporting people.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us they received support to help them with meals and drinks. Staff understood the need to promote and keep people hydrated, especially during the periods of warm and extreme hot weather.
- Where people required specialist diets or specialist fluids, staff knew how to give these to people in a way they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked alongside other agencies to ensure the person's healthcare needs were met. This included GP's and district nurses to help support families in accessing additional equipment or support to assist their family member.
- Staff were aware of people's general health and wellbeing and what to do if the person became unwell.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There was no one currently using the service who lacked the capacity to consent to their care or treatment, therefore, applications to deprive a person of their liberty had not been required.
- Relatives confirmed staff obtained their family members consent prior to supporting them.
- Staff understood the need for consent and understanding a person's ability or individual communication style to inform their decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who understood the importance of treating the person with respect. Staff confirmed they checked how the person they supported wished to be referred to and followed this.
- People's initial assessment asked them about their sexuality, gender preference, how they wanted to be addressed and what gender of staff they preferred to support them.
- Care plans we saw had an assessment so the provider was assured they could meet a person's needs before care began.

Supporting people to express their views and be involved in making decisions about their care

- A relative told us they were happy with the support their loved one received, and that staff listened to them and involved their loved one in decisions regarding their care.
- A relative confirmed they and their loved one were aware of the care plan and had been asked to confirm the contents were correct.

Respecting and promoting people's privacy, dignity and independence

- A relative told us their loved one was treated with dignity and respect by the staff who supported them.
- Staff were aware of the importance of maintaining the person's privacy and dignity whilst providing support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plan informed staff the support people required and how they wanted their care delivered. However, in each of the care plans we reviewed; those plans lacked detail especially when those needs had changed. Following our visit, the registered manager assured us those care plans had been updated.
- We spoke with staff about the people whose care plans we had reviewed. Staff were able to tell us in detail, about the person, what support they required, and for people who became anxious during care calls, what worked well for them to reduce anxieties. It was clear staff knew the person they supported well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs had been assessed to see if any additional support was required.
- People and relatives told us they had information in a way that worked for them.

Improving care quality in response to complaints or concerns

- People and relatives were satisfied with the care they received and had not made a formal complaint.
- A relative we spoke with told us they had spoken with the office staff to tell them if they did not want a specific care staff member. They told us they were heard, and action was taken. Relatives told us they felt listened to.

End of life care and support

- The provider did not currently support anyone who was receiving end of life care. Care plans contained a plan for when end of life wishes needed or wanted to be discussed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people,

- Systems and processes to identify, monitor and improve the quality of service were not always effective to show when improvements had been made.
- We saw evidence of completed audits that were undertaken weekly by senior staff. However, the majority of checks recorded 'no concerns' and failed to record what specifically was checked and if there were issues, what action was being taken.
- Senior staff told us they checked records such as care plans, medicines records, daily records and care call monitoring. The registered manager accepted these audits should be more detailed.
- Examples of completed checks that recorded no concerns failed to identify the issues we found with inconsistent care plan records, a lack of relevant risk assessments or checks on certain administered medicines. We spoke with one senior staff member who had limited knowledge in an area they had oversight of.
- There was no effective oversight of the service for daily care calls and those care packages where staff lived in. When we asked senior staff from each aspects of these services, where issues were found, they had not identified these issues.
- From our conversations with staff, staff lacked confidence in communicating with management about issues or concerns they had. Staff told us when they had raised concerns, these were not acted upon. Some conversations indicated to us there was bias to some staff than others which some staff found unhelpful.
- It was clear, the registered manager did not have complete overall understanding about their responsibilities of the quality of service. When we asked the registered manager if they had any systems to oversee all aspects of the care delivery, they said they did not.
- The registered manager told us they thought their own paperwork and records would let them down because they were not thorough enough. The lack of overall scrutiny meant inconsistencies of records went unchecked.
- From conversations with staff, the registered manager and the provider, we were told about a care package where risks were known, yet an unauthorised moving and handling action was completed which put the person at risk. There was no effective leadership or accountability to resolve this in a timely way to promote a good outcome for this person.

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)

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the service was managed well.
- Most people felt involved in their care and care reviews were completed when required. People felt their individual personalities and routines were respected.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Internal communications through staff meetings and internal electronic communications kept staff updated.
- People and relatives' feedback was sought. Written feedback was seen from people and families. 'Keep in touch' conversations were held in person and over the telephone to get people's feedback on the care and service they received.
- Staff said regular meetings provided an opportunity for them to discuss and share ideas.

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

- The service had a registered manager.
- Where reportable incidents were shared with the local authority, they had been shared with us. The provider and registered manager understood their responsibility to let us know about notifiable incidents. .
- The registered manager and provider were honest to us about the improvements needed and they were receptive to the feedback we gave following our inspection visit. The provider told us about the immediate steps they had taken to make improvements to their quality assurance systems. They also said they would review those care plans and care packages where intervention and external health advice was required.

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>We found systems and processes were not sufficient to demonstrate risks associated with people's care were effectively managed. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.</p>