

New Care (Devon) Limited

New Care (Newton Abbot)

Inspection report

20 Courtenay Park
Newton Abbot
Devon
TQ12 2HB
Tel: 01626 334261
Website: www.newcaredevon.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

New Care (Newton Abbot) provides care and support to a range of people including older people and people with learning disabilities, who live in their own homes.

This location has a condition of registration that it must have a registered manager. 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

the time of the inspection, the location did not have a registered manager. The provider had employed a manager who was in the process of applying to register with the Care Quality Commission.

We visited the office on 24 February 2015. At the time of our inspection 251 people were using the service. Our last inspection took place in August 2014. At that time, we found the service was not meeting the regulations in relation to care and welfare, medicines management, staffing levels, and quality assurance. We took enforcement action and told the provider they needed to

Summary of findings

make improvements. The provider sent us an action plan telling us what they were going to do to meet the regulations. On this visit we checked and found improvements had been made.

People and their relatives were pleased with the care they received and praised the staff. Comments included “I can’t fault the carers at all” and “They’re good, friendly and polite”. People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People told us they felt safe when staff visited them to provide care. Most people had a regular group of staff who they knew and trusted. Several people said they would prefer staff they knew so they were more familiar with their needs and how they liked things to be done. The co-ordinator told us they did their best to provide regular staff but this could sometimes be difficult due to staff changes and absence.

Appropriate staff recruitment checks had been undertaken to ensure staff were suitable to work with people. Staff received safeguarding training and knew what to do if they were concerned that a person was being abused.

The provider employed enough staff to carry out people’s visits and keep them safe. New care packages were not taken on if they didn’t have enough staff available to cover all visits and provide emergency cover.

People’s visits were often late but they understood delays were sometimes unavoidable. People were not always informed of changes to their visits. They said they would appreciate a call so they knew what was happening. Several people said they had cancelled visits as they were later than their planned visit.

Staff understood the needs of the people they were supporting. Staff were trained to ensure they provided care and support that met people’s needs. They demonstrated a good understanding of their roles and responsibilities, as well as the vision of the service.

Each person’s care plan had been reviewed and updated. People and their relatives were involved in care planning. People were asked for their consent before staff assisted them. One person told us “When they arrive they always sit and read the file and check with me on what is to be done”.

People’s medicines were managed safely. Some people managed their own medicines if they wanted to and if they had been assessed as safe to do so. Staff gave other people their medicines. People had received their medicines as they had been prescribed by their doctor to promote good health.

People were given a copy of the complaints policy and knew how to make complaints. However, the provider’s complaints procedure was not always followed and this resulted in complaints not being responded to appropriately. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements. The provider aimed to provide people with high quality care.

Several people felt the service had improved recently and commented on the manager; “They sound very pro-active” and “They were very nice”. Staff told us they worked well as a team and found the manager approachable. One staff member said “They have an open door, no problems approaching them”.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

People were protected from unsuitable staff because staff recruitment checks had been completed.

There were sufficient staff to meet people's needs safely. The provider ensured they had enough staff before they took on a new care package.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Good



Is the service effective?

The service was effective.

People received the care and support they needed.

Staff were skilled and received comprehensive training to ensure they could meet the people's needs.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring.

People and their relatives were pleased with the staff who supported them and the care they received.

Staff engaged with people in a personalised way and had developed warm engaging relationships.

People were supported by staff who treated them with dignity and respect.

Good



Is the service responsive?

The service was not always responsive.

People were not always told about changes to the visits they received.

People were given information on how to make a complaint. However, complaints were not always responded to appropriately.

Care plans were reviewed and updated to ensure staff responded appropriately to people's changed needs.

People benefited from staff who worked to minimise the risk of them becoming socially isolated.

Requires Improvement



Is the service well-led?

The service was well-led.

Requires Improvement



Summary of findings

There was a manager at the location. However, the manager was not registered to ensure the condition of registration was met.

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

New Care (Newton Abbot)

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 visit took place on 24, 25, 26 February and 11 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 2 and 3 March 2015.

Two social care inspectors and two experts-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people.

Before the inspection we reviewed the information we held about the service.

On the day of our visit, 251 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with 36 people and their relatives on the telephone. We visited five people in their homes. We spoke with 14 staff, the managing director and the manager.

We looked at six care plans, medication records, four staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in August 2014, the provider didn't have enough staff to cover people's planned visits. At this visit we checked and found improvements had been made. Since the last inspection, the provider had reduced the number of care hours they delivered. The service employed enough staff to carry out people's visits and keep them safe. They used a tool to assess staffing levels and ensure they had enough staff to cover all visits. The managing director told us they would not take on people's care if they didn't have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely.

At our last inspection, people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. At this visit we checked and found improvements had been made. People were supported safely with their medicines. People told us they were happy with the support they received. Staff were patient when giving people their medicines and offered people a drink to take their tablets. Staff completed medication administration record (MAR) sheets after they had given the person their medicines. People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. MAR sheets had been fully completed. This showed people had received their medicines as prescribed to promote good health.

People and their relatives told us they felt safe when they received care. People told us if they felt uncomfortable with a member of staff, they would ring the office. People confirmed their wishes were respected and the staff member didn't visit again. Some people had key safes

installed outside of their homes. This allowed staff access to people's homes when people were unable to open their doors. Staff were careful to ensure people's homes were secured on leaving.

The provider had safe staff recruitment procedures in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People were protected from the risk of abuse as staff had received training in safeguarding people. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. The provider had safeguarding policies and procedures in place. Staff told us they felt confident the manager would respond and take appropriate action if they raised concerns.

The managing director had recently attended a safeguarding meeting which related to a communication issue. As a result, they had spoken with staff and checks were in place to minimise the risk of a reoccurrence.

Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk. People were enabled to live as they wished as staff supported them to take risks. For example, one person chose to have rugs on the floor in their home. Staff were aware of this risk and monitored the situation to minimise the risk of trips and falls.

There were arrangements in place to deal with foreseeable emergencies. For example, we saw a folder containing information relating to staff sickness, extreme weather conditions, and other emergency situations. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People were happy that staff met their care needs. Comments included “I can’t fault the carers at all” and “It’s really, really good, nothing’s too much trouble. They’re a really good crowd”.

Most people had a regular team of staff who had the appropriate skills to meet their needs. One person said “the regular staff is absolutely spot on – lovely”. Several people said they would prefer staff they knew so they were more familiar with their needs and how they liked things to be done. The provider had put visit templates in place to improve continuity of staff. We discussed this with the co-ordinator in the office. They told us they did their best to provide regular staff but this could sometimes be difficult due to staff changes and absence.

There was a training manager who delivered a comprehensive staff training programme. New staff completed a five day induction training programme in areas relating to care practice, people’s needs, and health and safety. Staff told us they were happy with the training provided.

New staff worked alongside experienced staff to observe how people had their care delivered. Senior staff carried out an assessment to ensure new staff were confident and able to carry out the work effectively before they went to visits on their own.

Staff received regular supervision which included observations of their care practice. Records showed staff’s training needs had been addressed and observations had been carried out to check understanding.

Most people who used the service were able to make decisions about the care or support they received. People were always asked for their consent before staff assisted them. One person told us “when they arrive they always sit and read the file and check with me on what is to be done”.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that meet their needs and was deemed to be in their best interests.

People were supported to access healthcare services. For example, staff arrived at one person’s home and found they were unwell. They were immediately attentive to the person and phoned the GP. Feedback from a community professional showed staff had raised concerns which were dealt with quickly and efficiently.

Some people were supported by staff to choose and prepare their meals. Staff knew people’s food preferences and how to support people to make healthy meal choices. Staff asked one person what they would like for lunch. Records contained information about the support this person required at mealtimes. Staff left drinks within the person’s reach so they could help themselves between visits. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to the person’s nutritional needs.

Is the service caring?

Our findings

People and their relatives were positive about the way staff treated people. Comments included “The majority are very, very nice, more like friends” and “They’re good, friendly and polite”.

Most people benefited from having regular staff who they knew well. People said “I have a fantastic carer, I don’t know what I would do without her” and “Staff always ask if there is anything else they can do before they leave”.

Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. During a home visit, we observed the person interacted in a relaxed manner with staff who asked them about their wellbeing and interests. Staff clearly knew the person well and had developed a warm engaging relationship with them.

When the person told staff they didn’t want to go out with their enabler that afternoon due to the poor weather, staff tried to encourage the person. When the person still said they did not wish to go out, staff phoned the enabler and arranged for them to spend time with the person in their home.

During a home visit, we met with a person who had recently started to receive care. A senior staff member had

visited the person in their home and spent the afternoon with them discussing their needs. The person told us they had been involved in decisions about the care and support they received.

People told us staff respected their privacy and dignity. One person said “We have an agreement that I will draw the bath and I can get in by myself and after 15 minutes they return and help me out”. People told us staff closed doors whilst providing care. During a home visit, staff closed the curtains in the room. Afterwards they asked the person whether they would like the curtains open or closed. Staff received training to help ensure they understood how to respect people’s privacy, dignity and rights. Senior staff assessed how staff used these values within their work when observing their practice.

Staff knew it was important to maintain people’s confidentiality and did not speak about people in front of other people. When they spoke about people they did so in a respectful and compassionate way.

The service had received 19 compliments since December 2014 from people, their relatives, and community professionals. These all thanked the staff for the care provided.

Is the service responsive?

Our findings

At our last inspection in August 2014, care plans had not been updated to reflect people's changed needs. At this visit we found improvements had been made. We looked at six care plans and found these had all been reviewed and developed with the person, the staff who supported them, and senior staff.

Care plans described in detail the support people needed to manage their day to day needs. During visits to people's homes, we saw staff responded to people's requests and met their needs appropriately.

People told us senior staff had visited to review and discuss their needs and the care required. At the same time there was the opportunity to discuss preferences and wishes. For example, one person told us the service respected their request for female staff.

The provider had a complaints policy and procedure in place. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. However, complaints had not been managed in line with the policy. For example, a relative had made a complaint on 30 July 2014. The complaint was not acknowledged until 22 August 2014 and told the relative they would receive a response within 28 days as per the policy. The response was not sent until October 2014. At the time of this inspection, the complaint was on-going but records did not clearly record this. Another relative had phoned to discuss a complaint on 4 October 2014. The complaint was responded to in December 2014. The relative was not satisfied with the response and had written another letter in March 2015. The manager told us they had arranged to meet the relative to discuss their concerns and resolve the complaint. We spoke with the managing

director about the inconsistent recording of complaints. They told us they would ensure all complaints were audited and actioned if required. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given the time they needed to receive their care in a personalised way. People told us staff stayed for the correct time and they didn't feel rushed.

Some people said they received their care at the agreed time. Other people told us staff were often late but understood delays may be due to roadworks and other people's needs. Some people said this caused them an inconvenience. Several people said they had cancelled visits as they were later than their planned visit. The provider had allocated travelling time between visits to try and reduce the number of late calls. Records showed 29 out of 17,916 visits had been cancelled due to lateness.

People were not always informed of changes to their visits. They said they would appreciate a call so they knew what was happening. We checked the computer system in the office and found records that showed when people had received a call about a change to their visit. However, there were several visits where no record of a phone was made and people told us they had not been contacted.

People were supported by staff who worked to minimise the risk of them becoming socially isolated. A senior member of staff told us they popped into one person's home when they were passing to make sure they were alright. The person received three visits a day from the agency but didn't have any family. When staff identified another person was lonely, they talked to the person about it. They arranged for an enabler to go out with the person twice a week.

Is the service well-led?

Our findings

At our last inspection in August 2014, the provider did not have an effective system to regularly assess and monitor the quality of the service people received. At this visit we found improvements had been made. Systems had been put in place to monitor the quality of the service and enable the provider to quickly identify any issues.

The provider had introduced fortnightly checks where senior staff visited people's homes to monitor records and speak with people. Senior staff had received additional training and support to ensure they were able to meet their responsibilities. They told us they ensured records were completed correctly and followed up any shortfalls with staff. All care plans were reviewed and updated to reflect people's changing needs. One staff member said "This has resulted in improvements. I can see an incredible difference in the standard". During these visits, staff sought feedback from people to check they were happy with the care provided. Unannounced checks to observe staff's competency were carried out on a regular basis.

Daily and weekly meetings had been introduced to improve communication and ensure staff were aware of their responsibilities. Meetings were held with senior staff to plan work and discuss any issues and concerns. Staff told us this had helped to ensure issues were identified sooner and dealt with. Senior management meetings were held fortnightly. Areas such as health and safety; CQC reports; staff recruitment; and audits were discussed.

This location has a condition of registration that it must have a registered manager. The registered manager was

de-registered on 31 May 2013. Although the provider has employed managers since this date, none have completed an application to register as manager. At the time of the inspection, the provider had employed a manager who was in the process of applying to register with the Care Quality Commission.

People who had spoken with the manager said "They sound very pro-active" and "They were very nice". Several people felt the service had improved recently.

Staff told us they found the manager approachable and felt supported knowing there was someone who would make time to talk with them. Comments included "They're brilliant, listen and have a very caring nature" and "They have an open door, no problems approaching them".

The registered provider's vision and values for the service was made up of six C's – care; compassion; competence; communication; courage; and commitment. Staff received information about these in the newsletter. Staff showed us they had a card which displayed the values on their identity badge. One member of staff commented "We want to keep people independent and in their own home".

The managing director told us the service wanted to show appreciation to staff for their hard work and commitment to people and the organisation. They had introduced a "Care Worker of the Month Award". The award was based on people's feedback and the staff member's performance.

The provider had employed a care compliance manager to start work in March 2015. Their role was to ensure high standards of quality were achieved and maintained.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Regulation

Personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints were not always fully investigated. The registered person did not operate an effective and accessible system in relation to the management of complaints. Regulation 16 (1)(2).