

Newbury Care Services Ltd

Newbury Care Services

Inspection report

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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

About the service

Newbury Care Services is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing personal care to 18 people.

Not everyone who used the service 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

People and their relatives were very positive about the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines as prescribed and systems were in place for the safe management and supply of medicines. There was a range of risk assessments in place. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

The service continued to be effective. People's needs were assessed, and care was planned and delivered to meet people's needs, legislation and good practice guidance. Care was delivered by staff that were safely recruited, well trained and knowledgeable about people's needs. Peoples nutrition and hydration needs were met.

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 were knowledgeable of the people they supported and were responsive to their individual needs and choices. People were cared for by staff that were kind and compassionate, maintaining their privacy and treating them with dignity and respect. People and their relatives were included and supported to take decisions about how their needs were met.

People's views and concerns were listened to and there was a range of ways for people to give feedback.

The service was well led. Systems were in place to monitor the quality of care provided and to promote the continuous improvement of the service. The management and staff worked in partnership with external health care providers and community services and developed positive relationships, to benefit people's health and wellbeing.

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

Rating at last inspection

The last rating for this service was Good (published 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Newbury Care Services

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 was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 August 2019 and ended on 25 September 2019. We visited the office location on 28 August 2019.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority in whose area the service is provided. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, to ask about their experience of the care provided, and four relatives of people who used the service. We also spoke with the registered manager, the manager and four members of staff who deliver the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person said, "I feel safe as I have used this agency for many years now." Another person told us "I am safe, the staff are very good they are excellent." People told us they felt safe.
- Staff told us they had received training in recognising the signs of abuse and the actions they should take to keep people safe. Training records confirmed this. One staff member said, "I had training in safeguarding five months ago, I must report to the manager any signs of abuse, for example, physical or financial." The registered manager was aware of their responsibilities and said, "We regularly discuss safeguarding at staff meetings and supervision."

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as their risks from allergies and skin conditions. Risk assessments were available to staff within care plans.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member said, "We know about the people, we see them every day, the manager involves us in updating risk assessments. Risk assessments are in the care plan."
- The manager told us, risk assessments were updated when a person's needs changed or routinely every six months and records confirmed this.

Staffing and recruitment

- People told us enough staff were available to meet their needs. The registered manager explained how they assessed individual's staffing needs and organised care delivery to ensure people received their services from people that they knew, and that knew their needs. One staff member told us, "There is enough staff, when we are double we make sure we go in twos."
- The registered manager was operating a safe recruitment process, to ensure that staff were safe to work with vulnerable adults. All staff had disclosure and barring service checks (DBS) and two references prior to commencing employment, and records confirmed this. One staff member told us, "I had an interview and references and DBS check before I started."

Using medicines safely

- One relative told us, "They [staff] help by prompting, they try to make sure the medication is taken." People's medicines were managed safely. Administration records indicated that people received their medicines as prescribed.
- Staff received training to administer medicines and their competency was checked regularly. One staff member told us, "I had my medication training five months ago, the manager came out and checked my

competency and this was then discussed at a supervision meeting."

Preventing and controlling infection

- One person told us, "The agency provides all of the gloves and aprons that the staff wear." Another person told us, "Yes, the staff wear gloves and aprons." Measures were in place to control and prevent the spread of infection. Staff had received training and were knowledgeable about infection control. A staff member told us, "We wash our hands with soap and water when we arrive and before we leave. We wear gloves during care to protect people from germs."

Learning lessons when things go wrong

- There was a system in place for recording accidents, incidents and complaints. This included trend analysis and preventative actions as part of the lessons learned process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 outcomes were good. Staff delivered care and support, based on people's documented assessed care needs and preferences. People's preferences and choices were clearly set out in their care plan. For example, one care plan stated, "I like to wear shirt and trousers, can my shirt buttons be left undone." People's choices were highlighted in the care plan as a reminder for staff, for example one person chose to use a green towel and this was recorded in green text within the care plan.
- One relative told us, "[Persons name] has extensive needs, the staff consider safety and their best interests." The registered manager assessed people's needs before the service began to provide support. We viewed assessments and care plans and saw these predated the service commencement. A member of staff told us, "I read all about [Person's name], the care plan and the risk assessments so I know their choices, before delivering the service."

Staff support: induction, training, skills and experience

- People received effective care and support from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff either held a recognised care qualification or were working towards the care certificate. This covers all the areas considered mandatory for care staff. The registered manager had a good system to monitor that all staff had regular training and refresher training to keep them up to date with best practice. Training methods included, on line, face to face and on the job. Training was followed by competency assessments.
- Staff told us that when they were taking part in external training the registered manager was very supportive. One staff member said, "When I was taking my care exams the manager supported me and made sure I had enough time off for studies."
- A relative told us, "The agency was proactive and learnt about [person's name] condition and are now able to use this knowledge with other people." Staff told us that they received induction training when they joined the organisation and ongoing training and development relevant to their roles. Staff told us that they were introduced to people and shadowed other staff to learn about each person, their needs, choices and preferences, prior to delivering the service.
- One staff member told us, "A service user had a new piece of moving and handling equipment and I had training on it in the community, with the occupational therapist." The service worked with external health care professionals to enhance the skills and experience of staff.
- A staff member told us, "At supervision we discuss training, related to service users and service user's needs." Staff told us they had regular supervision opportunities. We saw from records that staff were given advance information on what was to be discussed and were invited to add agenda items. Staff told us they had regular staff meetings and we reviewed minutes of these.

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

- One person told us, "The staff make me a cup of coffee which is very important." Another person said, "At dinner time the staff help me." People told us that staff assisted them to prepare meals and made sure they had enough to drink. A relative told us, "They are trying more meal choices with [person's name]."
- The manager explained about their approach to help people to drink more fluids during the hot weather. People and staff had been given information that included a pictorial chart with the ideal fluid intake and how much different types of cups and glasses held. It also gave information on the link between hydration and urine colour. People were invited to join in checking their hydration and those that took part were supplied with a measured water bottle. One person confirmed, "Yes I have a bottle". A staff member told us, the service users have got water bottles, so they can drink and we can tell how much they are taking on a daily basis and we have a urine chart and chart colours, it helps on fluid intake, colour of urine has improved [name of person] is now drinking a lot, water infections have stopped because [name of person] drinks a lot."

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

- We found that staff were supporting people by working in partnership with other agencies such as the District Nursing service and Occupational Therapists.
- One relative told us, "The staff will get [name of person] to see the GP and they are very active and step in where needed." Staff monitored people's needs, made effective use of the GP services and communicated with people's relatives.
- The registered manager has worked with a local transportation company to enable people to get out into the community. One person told us, "I have used the service a couple of times, for three years I had not been able to get out. I get about three hours a week so save up the hours for a longer outing."

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 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.

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.

- One person told us, "The staff always ask me what I want before they start." A staff member told us, "I always ask first and if I need to I try and persuade." People were asked for their consent before receiving care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- One person told us, "The staff are nice, they are very good and excellent, they are kind and considerate to me, they care about me. We have nice chats and put the world to rights."

People received care from staff who developed positive, caring and compassionate relationships with them.

- A relative told us, "The staff have been very caring." Relatives told us that staff knew people's preferences and cared for them in way they liked.

- Staff knew people well and were able to talk about them in a knowledgeable and compassionate way.

One staff member told us, "I treat them thinking as if it's my own family, or how I would want to be treated."

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

- One relative told us, "The staff are very good at helping [name of person] make best interest decisions. I have dealt with different care companies and by far these are the best at pro activeness. There have been many reviews and I feel in the loop." People were involved in the day to day decisions and regular reviews about their care. Relatives confirmed that staff involved them when people needed help and support about decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured their rights were upheld. For example, they informed the registered manager about one person having difficulty accessing specialist equipment, affecting their independence, and another who wanted to access the community and had not been out for a number of years. The registered manager assisted and improved outcomes for these people.

- The registered manager recognised people's diversity, they had policies and training in place that supported diversity and the importance of treating people as individuals. The care planning tool also reflected diversity such as establishing people's cultural and religious needs and choices.

- One person told us, "I think the staff are user friendly, all my working life I have worked with the general public. The staff are kind to me. They are respectful. They are all the reasons I would want to keep them." We heard from staff how they ensured people received the support they needed whilst maintaining their privacy and dignity. A staff member said, "I knock the door and call their name to let them know I am around." Another staff member said, "I keep them covered during personal care."

- One person told us, "The staff prepare the food for the slow cooker, and I can then dish the meal up later at the end of the day." We found that care plans identified opportunities to promote independence and staff supported people's independence where this was possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- One person told us, "I helped write the care plan in consultation with two family members." People were empowered to have as much control and independence as possible. We saw that care plans were personalised to the individual and recorded details about each person's specific needs and how they like to be supported. Care plans were developed and reviewed in consultation with the person their family and staff.
- Staff completed daily notes which gave an overview of the care and support people received and captured any change in people's health and wellbeing. One staff member said, "There is also a handover meeting every morning and we discuss any issues or changes in service user's conditions." Staff told us they were listened to and the meetings were effective. One staff member said, "We had person with [name of condition], there had been a change in condition, I told the manager and they called a meeting and we got a special mobility frame for the person to use." The manager explained that the views of the person had been sought and they had been included in the meeting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way that suited them. This included pictorial, written, and verbally. The registered manager advised that communication preferences were covered as part of the care plan set up and that many other communication methods would be made available if required, for example audio and language translation.

Improving care quality in response to complaints or concerns

- One person told us, "I have no complaints. If I did have a complaint I would speak to the boss of the agency and they would listen to me. If I have a concern the manager will come out and speak to me." People and relatives told us they knew how to make a complaint and were confident the registered manager would effectively deal with it. There was a complaints policy and procedure in place.

End of life care and support

- Care planning covered people's end of life wishes and choices, where this was appropriate. Prior to this inspection the service had not provided any planned end of life support. The registered manager explained they had developed an end of life policy document that clearly set out the procedure to be followed when

setting up end of life care and support. They explained that they were not currently contracted by the local authority or the NHS to deliver this support.

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 required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person told us, "The manager comes here on regular basis." A relative told us, "There are two managers and I have a good relationship with them both." A member of staff told us, "The manager is approachable, if I want to talk to them I wouldn't hesitate."
- During this inspection we heard from people, relatives and staff of a positive, open and person-centred culture, where everyone was able to speak freely, raising concerns and issues in the knowledge these would be addressed.

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 registered manager understood their legal responsibility to be open and honest with people when things went wrong. The records of Duty of Candour activities were recorded as part of the complaints procedure. There had not been any duty of candour incidents at the time of this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good oversight of the service. Quality assurance audits were conducted on a range of areas, for example administration of medication, catheter care, care plans and practice supervision.
- We could see that audit outcomes were contained in action plans and were shared at staff meetings and supervisions. The manager explained that as the service grew the quality assurance process would be further developed.
- One person told us, "Both managers and I have a good relationship." People and relatives spoke highly of the service, had regular contact with the registered manager and could not identify areas for improvement.

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

- One person told us, "There is a survey about once a year." Another person told us, "I did a survey on an informal basis." People and relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included meeting with the registered manager, speaking with the registered manager by phone, during reviews, speaking with a staff member or as part of a survey. Survey information was requested in a way that suited individuals, for example pictorial or on an

informal basis in a conversation.

- The registered manager consulted with staff at supervision meetings, staff meetings, handover meetings and via an open-door policy where staff could just phone in or go to the office to meet with the registered manager. A staff member told us, "The manager is always there if you want to get in touch."

Continuous learning and improving care

- We found an open and transparent culture where constructive criticism was encouraged. We found that comments and suggestions fed into the quality assurance action plan and improvements were made. We saw from the action plan that issues were resolved for example the timing of a visit.
- We found in the minutes of meetings that the registered manager discussed areas for improvement with staff at staff meetings and at supervision meetings.
- The registered manager had a peer review process in place with another provider of a small domiciliary care agency. This enabled them to share best practice, review updates of documents and keep up to date with industry changes.