

Newday Healthcare Professionals Ltd

# Newday Healthcare Professionals Ltd

## Inspection report

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20 December 2019

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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: Newday Healthcare Professionals Ltd provides personal care and support to people who require assistance in their own home.

People's experience of using this service: People were very complimentary of the staff and the service they received.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

People 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good. (last report published 24 June 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Newday Healthcare Professionals Ltd

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection Team:

The inspection was carried out by two inspectors.

#### Service and service type:

Newday Healthcare Professionals Ltd is a domiciliary care agency. It provides personal care and support to people in their own home. At the time of our inspection they were providing care to twelve people.

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 19 December 2019 and ended on 20 December 2019. We visited the office location on 19 December 2019.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with four people and two relatives. We spoke with the registered manager and two care workers. We reviewed two care files, two staff files and records held in relation to the running of the service. We also contacted the local authority for their feedback.

# 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

- People felt safe using the service. One person told us, "I always feel safe. The staff are very kind."
- Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "I would raise anything with my manager and if not dealt with I would escalate it to a social worker."
- The registered manager had policies in place for safeguarding and knew how to raise concerns with the local safeguarding authority to limit risk to people and keep them safe.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people. A full assessment was completed of people's healthcare needs and the environment where care was received.
- Risk assessments were person centred to match their needs. For example, to assist people's mobility and to safely support their personal care.
- In an emergency staff knew how to raise the alarm and had procedures to follow if a person was absent from an expected call.
- The registered manager had emergency contingency plans in place to use in an event such as bad weather, to ensure people's care calls were covered. The registered manager told us, "We also make sure the most vulnerable people are covered first and contact relatives were possible to help with support to make sure people remain safe."

Staffing and recruitment

- People told us they had regular staff who came to support them. One person said, "They always come on time and stay the length they are suppose to."
- The registered manager told us they only took on care packages if they had enough staff to cover the call times and that they could meet the person's needs.
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.

Using medicines safely

- Staff received training in supporting people with medication and their competency to give medication was checked at regular intervals.
- There were clear care plans and risk assessments in place to guide staff in how to best support people

with their medication.

- The registered manager completed regular audits of medication to ensure there was not any errors and where possible liaised with pharmacies to dispense people's medication in monitored dose packs.
- At the time of inspection there was not anyone currently being supported with medication using the service.

#### Preventing and controlling infection

- Staff had received training in infection control and were provided with the appropriate personal protection equipment.
- Staff were monitored during spot checks to ensure they were adhering to best practice.

#### Learning lessons when things go wrong

- The registered manager acted to learn lessons when things went wrong. Learning points were discussed at meetings and shared with staff.

# 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 needs were assessed prior to care commencing, their consent obtained and needs regularly reviewed.
- The registered manager kept themselves up to date with current best practice and guidance through training and networking with other care providers, such as the local council.

Staff support: induction, training, skills and experience

- New staff were supported with a full induction, which included training and working with more experienced staff. Any staff new to care were commenced on the Care Certificate, an industry recognised induction and training course.
- The registered manager had completed a training certificate which gave them the skills to deliver training directly to staff.
- One member of staff said, "I have recently updated all my training with the manager."
- The registered manager completed spot checks on staff as an opportunity to review their practice and to give them support. Staff also received regular supervision and had a yearly appraisal.

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

- Nutritional information was obtained on people being supported to identify their preferences and food and fluids likes and dislikes.
- Care plans outlined the support people required, such as what drinks to leave out. The registered told us they worked closely with people's relatives, for example some relatives made fresh food for staff to heat up for people.
- All staff had received food hygiene training so that they could support making food safely.
- The registered manager told us that they also supported one person with buying food and making sure they did not run out of provisions.

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

- Staff worked in partnership with other agencies, for example they liaised with district nurses and pharmacies to help support their prescribed treatment programs.
- Where necessary staff contacted people's GPs for appointments and helped them to attend healthcare appointments. One person told us, "The staff would call a doctor for me if I was not well."
- Staff support people with their oral hygiene needs and advised them to see dentist where appropriate.



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.

- The registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.
- One person said, "The staff talk to me all the time and ask my permission."

# 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

- People were very complimentary of the staff and the support they received. One person said, "The staff are just so caring, they are like friends now." A relative told us, "They are really caring. They have such a positive relationship. She loves them all."
- People were consistently supported by the same care workers so that they got to know them well and developed good relationships with them.
- Equality and diversity needs were assessed during the assessment process and recorded in care plans.

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

- The registered manager completed a full assessment with people, relatives and other healthcare professionals. During this assessment the registered manager recorded people's views and preferences for care.
- Care packages were regularly reviewed with people and relatives to ensure they were still meeting their needs and requirements. One person said, "I was asked what I need." A relative told us, "Without a doubt the staff know [person name] and their needs well"

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "The staff ask me each time they come in what I need." People and relatives told us staff maintained their dignity and privacy during visits.
- Care plans identified what was important to people and how staff could support them to maintain their independence.
- People were supported to make choices about the kind of support they wished to receive and who they wanted to deliver this support. A relative told us, "They ask [person name] what they want and respect their wishes."
- The registered manager told us they respected people's choices over gender and who they would like to support them. For example they told us sometimes the female clients liked the male staff to do their lunch calls or tea calls when no personal care was involved as an opportunity to talk to somebody different.

# 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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed and followed up to make sure people were happy with the service they were receiving.
- Care plans were kept up to date and any changes notified to staff. Daily records were maintained which outlined the care provided on each visit in detail.

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's communication needs were assessed, and this was recorded in care plans so that staff knew the preferred way to communicate with people.
- Where people had specific communication difficulties staff were aware of this and how to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us they had supported people with social activities and could act as companions for people if required to keep them company or to go on outings together. They sometimes bought in takeaway food for one person who liked fish and chips,

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure and we saw if complaints had been made these were fully investigated and responded to.
- People were provided with the information they needed to make a complaint. One person told us, "I would speak to the manager, I think they would listen and sort things out."

End of life care and support

- People were supported at the end of their life.
- Staff worked together with other healthcare professionals such as the palliative care team or district nurses to support people at the end of their life.

# 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 Good. At this inspection this key question has remained the same. 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; 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

- All the feedback we got from people and relatives was complimentary of the service. One relative told us, "The staff are caring and efficient."
- The Registered manager was committed to providing high quality care. They had spent time investing in their own training and developing their skills so that they could support staff with training and keep them up to date with best practice.
- Support packages were planned in consultation with people and were person centred.
- The registered manager fulfilled their responsibility to say when things went wrong and investigated these fully to learn from these and take steps to put right. This is known as 'duty of candour.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had oversight of the service, on a day to day basis. This included systems in place to monitor quality performance and regulatory requirements.
- Staff were clear about their roles and told us they felt well supported by the management team. One member of staff said, "We have a very passionate manager who is always encouraging us. Any problems they will come and support us"
- The registered manager had a number of ways of engaging with people who used the service. There were regular reviews of care packages, through face to face meetings, they also sent out a yearly survey to gain people's views on the service they had received.

Continuous learning and improving care; Working in partnership with others

- The registered manager engaged with the local council for learning opportunities, Skills for Care and kept up to date with information from the CQC.
- There were governance systems in place to monitor the effectiveness of the service.
- The registered manager worked in partnership with other healthcare professionals such as social workers, district nurses and pharmacists.

