

# New Dawn Recruitment Agency Limited Lombard Business Park

## Inspection report

Lombard Business Park  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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

We inspected Lombard Business Park on 29 July 2015. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

Lombard Business Park is a service which provides personal care to adults in their own home. At the time of our visit there were 13 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We previously inspected Lombard Business Park in May 2014. We found the provider was meeting all the legal requirements and regulations we inspected.

# Summary of findings

During our inspection in July 2015 we found that there were arrangements in place to protect people from abuse which staff were aware of. Staff had received safeguarding training and had good knowledge about how to identify abuse or report any concerns.

Care was not always planned and delivered to ensure people were protected against foreseeable harm. People had risk assessments but they did not identify obvious risks or give staff sufficient information on how to manage the risks identified.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied. Staff controlled the risk and spread of infection by following the service's infection control policy.

There were not appropriate arrangements in place to ensure people received their medicines safely. Care plans provided information to staff about how to meet people's individual needs. However, the information was not always sufficiently detailed to enable staff to safely support people they did not know well.

Staff had the skills and experience to deliver care effectively. Staff supported people to have a sufficient amount to eat and drink. Staff worked with a variety of healthcare professionals to support people to maintain good health.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People were given choice and felt in control of the care they received.

Staff were kind, caring and treated people with respect. People were satisfied with the quality of care they received but told us there could be greater continuity of care. People were supported to express their views and give feedback on the care they received. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to make a complaint and discuss their care. There were systems in place to assess and monitor the quality of care people received.

There was a staff structure in place but some staff did not know the registered manager. Staff told us they were supported by the care co-ordinator. The care co-ordinator was given the responsibility of overseeing the day-to-day care people received but was not adequately supported by the registered manager to do so effectively.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the arrangements in place for people to receive their medicines safely, how the provider protected people from avoidable harm, provided personalised care and managed the service. You can see what action we told the provider to take at the back of the full version of this 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?

Some aspects of the service were not safe.

Risks to individuals were not effectively assessed and managed. There were inadequate and unclear arrangements in place to ensure people received their medicines safely.

Staff were recruited using effective recruitment procedures. Staff knew how to protect people from abuse. There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

Inadequate



### Is the service effective?

The service was effective.

Staff had the necessary skills and experience to care for people effectively.

Staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain good health.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Good



### Is the service responsive?

Some aspects of the service were not responsive.

People were involved in their care planning and felt in control of the care and support they received.

The care people received met their needs but care was not regularly provided by the same staff. Care plans did not give staff sufficient information on the care and support people needed.

People were given the opportunity to make suggestions and comments about the care they received which staff used to improve the quality of care.

Requires improvement



### Is the service well-led?

Some aspects of the service were not well-led.

Requires improvement



# Summary of findings

People using the service and some staff did not know who the registered manager was or how to contact him with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received but they were not always effective.

We saw evidence of learning from concerns raised and that concerns were acted on.

# Lombard Business Park

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by a single inspector who visited Lombard Business Park offices on 29 July 2015.

Before the inspection we reviewed all the information we held about the service. This included routine notifications and safeguarding concerns and previous inspection reports.

We spoke with four people using the service, five staff members including the care co-ordinator and with a person's social worker.

We looked at five people's care files and four staff files which included their recruitment records and training certificates. We looked at the service's policies and procedures.

# Is the service safe?

## Our findings

The risks people faced were not adequately assessed and managed. Risk assessments were carried out but they did not consider obvious risks that people faced, such as the risk of falls where people had difficulties with their sight or mobility. Where risks were identified, staff were not given sufficient or in some cases any information on how to manage the risks.

All but one of the risks assessments we looked at were deficient in some way. The risk assessments covered the risks associated with manual handling and people's environment. In three people's files, the risk of falls was identified but there were no details for staff on how to minimise the risk or what to do if the person were to fall. On another person's file where the risk of falls had been identified, it stated that the risk will be managed by the person using the service and staff, but gave staff no information on how to do so. There were inadequate arrangements in place to protect people from avoidable harm. This meant that there was a risk of people receiving care and treatment which was inappropriate or unsafe.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe care and treatment.

Although people told us they received their medicines, we found there were inadequate arrangements in place to ensure people received their medicines safely. People's assessments did not cover their capability or motivation to take their medicines. Staff had not been trained to give people their medicines. The service's medication policy stated that staff should only remind or prompt people to take their medicines. However, two people's care plans stated that staff should administer their medicines. One person told us they were unable to take their medicine without staff support but was unable to clarify how staff supported them to take their medicines. Staff told us they prompted people to take their medicines. Staff did not keep records relating to people being administered medicines.

We raised this with the care co-ordinator who told us that staff should not be administering people's medicines. The care co-ordinator told us they would review the support each person using the service required in relation to their medication, update their care plans and advise staff

accordingly. After speaking to people using the service and staff, we were still unclear whether staff were administering people's medicines or reminding people to take their medicines. We remain concerned that people's medicines are not being managed appropriately and that people are at risk of being given their medicines incorrectly.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe care and treatment.

People told us they felt safe and knew who to contact at the service if they had any concerns about their safety. One person commented, "I feel safe with my carer." Another person told us, "They are very trustworthy." People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for.

People told us staff usually arrived on time and stayed for the time allocated. People knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely was assessed. People told us they received care and support from the right number of staff.

Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise

## Is the service safe?

the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

# Is the service effective?

## Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, “My carer is very good. She knows what she is doing” and “She knows what she has to do and gets on with it.”

The provider supported staff through regular, relevant training and supervision. Newly appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role.

Staff received appropriate professional development. Staff told us and records demonstrated that they had regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Some but not all staff employed by the service for more than one year had received an annual appraisal. Staff received training in areas relevant to their work such as moving and handling people and safeguarding. Staff were encouraged and supported by the provider to obtain further qualifications.

People were asked for their consent before care and support was delivered. People told us, “They ask me if I would like something done” and “They always ask for my permission before doing anything”. Staff told us they ensured people consented to the care they were given.

Staff comments included, “Even though I know what I usually do, I always ask because they may not want it at that time” and “I have to ask them before I do anything. It wouldn’t be nice doing something without asking”.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed. The manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process before they began to use the service. For example, some people’s assessment stated they required support with the preparation of their meals. People’s preferences were catered for. Staff knew what represented a balanced diet and supported people to have a healthy, balanced diet. A person using the service commented, “They do their best to prepare my food the way I like it.”

Staff supported people to maintain good health. Records demonstrated that staff supported people to have access to healthcare services by attending hospital and other healthcare appointments with them.



# Is the service caring?

## Our findings

People made positive comments about the staff and told us they were kind and considerate. Staff were respectful, polite and friendly. Comments included, “They are very good. I couldn’t do without them” and “They are helpful”.

People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name and asked for their permission before providing support. Staff were able to describe how they helped maintain people’s dignity while they were providing personal care. It was clear from speaking to people that they had developed meaningful relationships with their regular carers.

Records we reviewed demonstrated that the need to treat people with dignity and respect was a core value of the service. Staff were made aware of this at induction and reminded during supervision meetings. The care co-ordinator told us and records demonstrated that they checked whether people were treated with dignity and respect during unannounced visits where staff were observed delivering care and during regular telephone calls to people using the service.

Staff had a positive attitude to their work and told us they enjoyed caring for people. One member of staff told us, “I enjoy helping people where they can’t help themselves and supporting them to do the things they can.”

People told us they were given a lot of information on what to expect from the service and how they could make contact with the office staff. People said they knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People were involved in their needs assessments and involved in making decisions about their care although this was not always reflected in their care plans. People felt in control of their care planning and the care they received.

People told us they were supported by staff to be as independent as possible. One person told us, “They help me to get out several times a week. If they didn’t I’d be stuck in the house.” Another person told us, “My carer has attended hospital appointments with me and stayed with me even when there was a delay.” People’s needs, values and diversity were understood and respected by staff. People from other cultures told us staff prepared food they were used to and preferred.

# Is the service responsive?

## Our findings

People had mixed views about how responsive the service was in meeting their needs. People commented, “They are good. I’m very happy with them”, “They are very good. They turn up on time and do what they have to”, “There are certain things I’m not happy about at the moment but I’m monitoring it” and “There have been a few missed calls recently and when I’ve called the office they didn’t seem to know the carer wasn’t coming.”

People told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and re-assessed regularly thereafter. However, we were concerned about the standard of care planning. People’s care plans were not always updated when a change in their needs had been identified. People’s care plans did not contain sufficient detail to enable staff who were not familiar with the person they were supporting, to understand that person’s needs, routines or preferences.

Care plans did not give staff information on how the person wanted their care to be delivered, what was important to them or information about how to meet people’s individual needs. Staff who usually cared for a person knew their needs through daily interaction and getting to know the person’s routine rather than having knowledge of what was in that person’s care plans. This meant that people did not receive consistent care and where a person’s regular carer was unable to attend, there was a risk of inappropriate or unsafe treatment. People commented, “They know what I need and how I like things done”, “I usually have the same carer who is pretty good but when she can’t come the ones they send don’t know what to do” and “I’m not getting the same carer regularly so the quality of care varies depending on who comes. I have to keep telling them how to do things”.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 – Person-centred care

People’s social and spiritual needs were taken into account in their care planning. Records indicated and people confirmed that staff supported them to go out as often as they wanted to. One person told us, “I go out when I want to with the carers support. I couldn’t do it without her.”

People had regular opportunities to give their views on the quality of care they received. These included surveys as well as telephone calls and visits from the care co-ordinator. People also felt comfortable ringing the office to discuss any issues affecting their care or raise queries. The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us their complaint was responded to promptly.

Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve it. For example, where there had been complaints that staff arrived late to deliver care, this was raised with the staff involved. The person who made the complaint told us that staff time-keeping had improved.

A variety of external health care professionals were involved in people’s care. The communication between staff and external agencies was good. People with newly identified health care needs were referred to the appropriate specialist promptly. There were systems in place to ensure people attended their hospital and other health care appointments and to ensure that all staff were aware of the appointments.

# Is the service well-led?

## Our findings

People had mixed views on whether the service was well-led. People told us, “I have no complaints. They appear to be well organised”, “They turn up on time and [the person] at the office is always very willing” and “The people in the office don’t always know what is going on”.

There was a management structure in place but people using the service and some staff did not know who the registered manager was or how to make contact with him. The registered manager had delegated some of his responsibility to the care-co-ordinator who did not have adequate training or experience in adult social care to carry out some parts of their role as effectively as required. This was evident from our discussions about how they conducted people’s assessments and drafted care plans and also, the standard of people’s assessments and care plans. The care co-ordinator accepted that they could benefit from further training in these areas and would be looking to book a place on a suitable course as soon as possible.

There were arrangements in place for checking the quality of the care people received. These included monitoring staff performance through supervision meetings, checking people’s care records and making regular contact with people using the service to obtain their views on the care provided. However, the arrangements were not always

effective as they did not always identify areas of the service which required improvement, such as the standard of people’s risk assessments and care plans and that it was unclear whether staff were prompting people to take their medicines or giving people their medicines.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good governance.

At induction staff were made aware of their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities. They were well motivated and spoke positively about their relationships with the office staff and the support they received from the care co-ordinator.

The service’s values included privacy, dignity and high quality care. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced spot checks and formed the basis for the questions in the feedback questionnaire.

The provider sought to improve the quality of care people received by obtaining and acting on feedback from people. We saw that after receiving negative feedback about a member of staff, that staff member was replaced.

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

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not provide care and treatment in a safe way by assessing the risks to the health and safety of people receiving care and treatment and doing all that is reasonably practicable to mitigate any such risks.**

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not provide care and treatment in a safe way through the safe and proper management of medicines.**

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The provider did not design care and treatment with a view to achieving service users' preferences and ensuring their needs are met.**

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Action we have told the provider to take

**The provider did not establish and operate effective systems to assess, monitor and improve the quality and safety of the service provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service.**

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.