

New Dawn Care Agency Ltd

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## Inspection report

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Date of inspection visit:  
31 August 2016

Date of publication:  
10 October 2016

### 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

New Dawn Care Agency is a domiciliary care agency registered to provide personal care to people of all ages living in their own homes.

The inspection of this service took place on 31 August 2016 and was announced.

There was a registered manager in post who was present at the time of the office visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People felt well supported by staff from the agency, who met their needs safely. Staff knew how to recognise and report any risks, problems or potential signs of abuse. Risks were assessed and managed safely. People were supported to take their medicines and the provider had systems in place to enable staff to do this safely.

People were supported by staff who had sufficient time to carry out tasks required of them and people enjoyed flexible and responsive support. Staff were recruited through safe recruitment practices.

Staff had the skills and knowledge to understand and support people's individual needs. They received training and support when they started working for the agency and their skills were kept up to date through regular training. Staff felt well supported by the registered manager and their colleagues and communication at all levels was effective.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. People's rights were protected under the Mental Capacity Act 2005. Staff promoted and respected people's rights and recognised the balance between protecting people and enabling them to make their own decisions and choices.

People were supported to prepare food and drink if required. Staff worked with health professionals when required to ensure people's health and wellbeing.

People were supported by staff who were kind and caring. People had developed positive working relationships based on trust and mutual respect. Staff were aware of people's individual preferences and respected their privacy and dignity. Staff promoted people's independence wherever possible.

People received a responsive service that met their individual needs. Staff worked flexibly to meet people's needs and responded to people's changing circumstances to ensure their ongoing safety and support.

People were asked if they were satisfied with the service received. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon. There was a complaints procedure in place that people were aware of. People preferred an informal approach to sharing concerns. Staff and managers were keen to resolve issues informally wherever possible.

The registered manager provided good leadership. There were systems in place to monitor the quality of the service provided. The providers were keen to learn from experiences and continually improve and expand the service provided.

## 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.

People were safe because staff knew how to protect them from the risk of potential abuse.

People were supported by sufficient staff to meet their needs flexibly.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and supported to deliver a high standard of care.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People were supported to access medical support if required. Staff worked effectively with healthcare professionals to ensure people remained in good health.

### Is the service caring?

Good 

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's support was tailored to their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs.

Staff knew how to respond to people's changing needs and did so promptly and efficiently.

People had their care and support needs kept under review.

People were confident that their complaints would be listened to, taken seriously and acted on.

### Is the service well-led?

Good ●

The service was well-led.

The management of the service was open and transparent and clear about roles and responsibilities.

People were supported by staff whose practice was reviewed and discussed to ensure individualised care and support was provided at all times.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

# New Dawn Care Agency Ltd

## **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 was 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 took place on 31 August 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the agency. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided.

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.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using domiciliary type services.

As part of the inspection we spoke with 19 people who used the service and two relatives. We spoke with the registered manager, the director, the deputy manager and five support staff.

We looked in detail at the care of two people who received a service and reviewed records relating to their care. We also looked at medicine records, recruitment records and records relating to the management of the agency which included quality audits.

# Is the service safe?

## Our findings

People felt safe while being supported in their own homes by staff that worked for the agency. One person told us, "I trust them." A relative told us, "It is hard to explain but they just feel right." People were protected from the risk of harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. We spoke with five staff who could all recognise possible signs of abuse. They told us that they would be confident to report concerns to the registered manager, or other senior staff, if required. Staff were confident that the registered manager would then take immediate action to protect the person at risk. The registered manager understood their responsibilities in relation to reporting concerns to external agencies. They told us how they responded immediately to suspected or alleged abuse.

People were protected because staff promoted health and safety and safe working practices. Staff told us that they were responsible for identifying hazards in their working environments and they felt confident to do this. For example, one staff member told us they had identified that wires underneath a person's bed made it unsafe to use the hoist. A hoist is a piece of equipment that helps to move a person from one place to another. They assessed the risks and the person moved the wires. Staff told us that the plans they had and the assessments of people's needs were 'brilliant' at identifying safe working practices. They recognised, however, that people's needs changed and also their circumstances might change. This meant they had to be continually reviewing practices to ensure they could continue to support people safely.

One staff member told us how they also monitored people's health to ensure the support they provided was safe. They told us how one person's needs had increased and as a result they needed an extra staff member to move them. This had been successfully implemented. Another staff member told us that one person had been having falls while sleeping in one part of their house. They assessed that the person would be safer in a downstairs room. With the person's agreement this was implemented. The person had had no further falls.

People were supported by staff who had sufficient time to carry out tasks required of them safely. People's relatives told us that they never felt people were rushed and as a result their needs were always met. Staff told us that if they were running late they would call ahead and then make up the time. People told us that they were satisfied with this arrangement.

No one we spoke with had ever experienced a missed call and the registered manager told us that there were processes in place to ensure that this would not happen.

People were supported by staff who had been properly vetted to check they had the right background and attributes to care for people and ensure their safety. We looked at the recruitment files of two staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. Staff confirmed they had been through this process and understood the reasons why they must wait. This meant that people were protected from having staff supporting them who were not suitable.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. Most people who we spoke with told us they managed their own medication (or had a family member to do so). People who managed their own told us that staff would ask if they had taken their tablets. Staff gave us examples of how they supported people safely and how they responded to people's changing needs. For example one staff member told us that, following a risk assessment, one person who used to take their own medicines was now observed to ensure it was taken.

Some people required support from staff to take their medicines. We saw how staff recorded the administration of medicines but we also saw one record where staff had not signed as required. The deputy manager told us how they were monitoring the completion of these records and had arranged additional training for the staff member who had not completed them fully.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. They said that their competency was regularly checked and that they found this reassuring. We did not see how risks in relation to medicines had been recorded however one staff member told us how they had to assess one person regularly as when they had taken a named medicine they became sleepy. They told us that this affected their ability to cooperate with their personal care so they had to implement additional support in order to keep them safe.

We heard the registered manager give advice to a staff member in relation to an administration issue. The staff member was told to contact the person's general practitioner to ensure their medicine was dispensed safely. The registered manager told us that staff could not take medicines out of, or put them in to pre prepared boxes. This advice reduced the risk of error in administration and protected the person requiring the medicine from harm associated with receiving an incorrect dose.

## Is the service effective?

### Our findings

People who used the service told us that they received effective support. One person told us, "They do a difficult job very well." One relative described staff as, "Very good, excellent, nice people. They are great." Other relatives considered that their family members received effective support. Overall people thought that staff were well trained and knew what they were doing.

Staff told us about their roles and responsibilities in relation to offering care and support. They felt well trained to carry out their roles effectively. One staff member told us, "I've done all required training. It is appropriate to our roles and to a domiciliary care type service."

Staff told us how training was arranged to meet the specific needs of the people they supported. For example staff told us that they had recently received training in relation to dementia care. They told us how they had used their learning to understand that people with dementia often lose their appetite. They told us they carried little pocket books on nutrition so they could try new ways of encouraging people to eat and drink. One staff member told us that the training that they had attended in relation to Parkinson's disease had meant that they could better understand some of the facial expressions that the person was making and so offer support effectively. One staff member told us, "There is lots of training. The moving and handling training is particularly useful. It gives us the knowledge to recognise if equipment would be beneficial or if the person needs a review (of their care and support needs)."

People were supported by staff who were skilled and knowledgeable. New staff spent time working with experienced staff to learn routines and people's needs and preferences. They also had some training to assist them to carry out tasks effectively. The latest staff member to join the team told us that as well as this initial support and training they were now signed up to complete a more detailed programme that was based on current best practice. The programme encompassed the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff told us that they felt well supported by the registered manager and by each other. One staff member told us, "It's really really good. We have supportive colleagues and managers." Another staff member told us, "We have good support. The manager's door is always open. They (the management team) are all very supportive." All of the staff we spoke with confirmed they had supervisions, appraisals and team meetings. One staff member told us, "There are not many team meetings but there is an open office and we can always pop in." Staff told us that they liked the informal approach to support. The registered manager told us that staff regularly came into the office to discuss issues, personal or professional. The registered manager also told us how they were opening up another office to accommodate staff who had to travel long distances to access them at the office.

One staff member told us, "It's brilliant" The agency accommodate family friendly hours as well as meeting clients requests." Staff gave us examples of how they could work flexibly around the needs of their family life as well as the needs of the people they supported.

Staff told us that a senior staff member carried out regular spot checks to ensure they were doing a good job. They told us that these were positive experiences when they received feedback on their performance.

Staff told us that communication with the registered manager and senior staff was good meaning that information about people's needs could be shared effectively. Senior staff told us how they monitored the effectiveness of the service by reviewing care records regularly. One person who used the service however said that staff spent a long time writing 'the daily log'. They suggested the time could be better spent. Another person however said the information recorded in the log was valuable because it helped the next carer who called. They thought this communication method was effective.

The people we spoke with had capacity to make decisions about the type of support they required. Staff also told us how they constantly tried to balance people's rights to make their own decisions against their responsibilities to support them. They gave examples of how sometimes people refused personal care or their meals or medication. One staff member told us, "We always ask if it's ok before doing personal care and we always tell people what we are doing. We always respect people's decisions to refuse." Other staff told us that although they respected people's decisions to make that choice they still tried to tell the person of the benefits of the support or medication they were refusing. They told us that if the person still refused they documented it and informed the office who monitored it. A staff member told us, "Care is not just a job. It's about balancing people's rights against our responsibilities." Another staff member told us, "It's what they want and not what you think. People have the right to make their own decisions and we respect this."

We saw how the registered manager liaised with social care professionals to ensure that one person's decision to return home was managed effectively and safely. They told us, "It is their choice to come home and ours to make the return as safe as possible."

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. We did not see any mental capacity assessments and this supported what staff told us about people being able to make their own decisions about the care and support they received. We saw that people's care was individualised and carried as per their assessed and expressed needs and wishes.

From what people told us we considered that staff were aware of the importance of asking people what their preferences were and asking for their consent before acting. In conversations with us staff demonstrated a good understanding of consent. They also told us how they supported people to make choices and decisions about how their care was delivered.

Most people who received a service told us that they managed their own meals. One relative told us that their family member did not eat much. They told us how staff encouraged them. They told us, "They are very good, they jolly them along." People's nutritional and hydration needs were documented and staff told us that any special dietary requirements would be recorded to ensure they only offered people appropriate choices. We reviewed one person's care plan that identified that staff had been concerned about the person's weight loss. We saw how this was being monitored by staff and the agency had liaised with the person's GP. The GP had visited the person and prescribed supplements. We saw how emails between the agency and the healthcare professional recorded the monitoring of the person's weight to ensure that the supplements were effective.

One person told us that staff had managed their recent health issue in, "An exemplary fashion."

Staff from the agency liaised and worked with health professionals as required to ensure that people's changing health needs were assessed and met. One person told us how staff had supported them during a health emergency. They had called for medical assistance and they had been grateful for this as they made a full recovery.

A healthcare professional spoke positively about the agency and the way that the staff supported people to manage their health and wellbeing effectively. They told us, "They have very good insight." They went on to tell us that the manager was happy to be hands on and that the agency had provided effective support to people who had complex support needs.

The registered manager told us how one person could not walk when the agency started supporting them. They said that staff worked with a physiotherapist and now the person could. They told us that the physiotherapist had demonstrated exercises to staff and they supported the person to do them. Although we did not speak with the person who had been supported staff were very positive about their input and the outcome for the person.

## Is the service caring?

### Our findings

All of the people we spoke with told us that the staff who supported them were caring, kind and considerate. One person told us, "They are wonderful." Another person said, "The carers are sensitive and friendly." A thank you card arrived at the office on the day of our inspection. It was from a person who used the service and it said, "Thank you for your care and concern for me." In another thank you card a relative thanked staff for caring for their family member in, "The most compassionate and professional manner." We heard the registered manager speaking with people on the phone. They spoke sensitively and compassionately while establishing what increased support needs the person had. A staff member told us, "We just care about people. We always have a kind word and are cheerful."

People were satisfied with the support they received. One person told us, "I am very happy with them, I could not wish for anything better." Staff told us that they were proud of the way they supported people. One staff member said, "We are all very caring. We go the extra mile."

People told us that they were supported by cheerful staff and this helped them relax and look forward to their visits. One person told us, "They are very cheerful." Another person said, "They keep our spirits up. They are friendly and easy to get on with."

Relatives recognised that staff did not just offer physical support to their family members but they also engaged with them and made them feel comfortable. One relative told us, "They have a good natter with [my relative]."

People who used the service valued the fact that they were treated as individuals. One person told us, "They treat me as an individual and get to know me." Another person said, "They treat you as a person." They told us that support was centred on their needs and that staff cared for them how they preferred. This made them feel confident and relaxed. A senior staff member told us that they observed staff working with people and during these observations they focused on how people were being treated. They looked to see if the person's independence was being promoted. A staff member told us, "We treat people as individuals." Another staff member said "We sit with people and talk. We are interested and get to know them as a person."

People told us that they felt listened to. They told us that staff asked them how they preferred to be supported and followed their guidance. This meant that they could be supported how they preferred and remain in control of their care and support. One person told us, "There is mutual respect." Another person said, "They (the care staff) don't need to be told twice. They listen and take it on board." A staff member told us, "We read plans and talk to people to get to know them. This helps us make a better connection."

People were encouraged to remain as independent as they were able. This was possible because staff understood people's needs and knew what support they required. One person told us, "They let me dress myself in my own way". People's relatives told us that staff worked hard to ensure people retained skills and abilities to enable them to be as independent as possible. A staff member told us that, when supporting

people with personal care, they only did a task when they knew the person could not do it. The rest of the time they offered prompting and encouragement. One staff member told us that this approach also helped maintain the person's self-worth and dignity.

Everyone we spoke with told us that they were very happy with how their personal care was delivered and said their privacy and dignity was respected. One person told us, "I feel perfectly at ease." Another person said, "They leave me alone when I am using the bedpan." One staff member told us, "We give people privacy when using the bathroom. If we have to stay we turn our back. We also use dignity towels to cover people when we are doing personal care." One staff member told us "Dignity and respect is our number one priority."

# Is the service responsive?

## Our findings

People received care and support that was responsive to their individual needs and circumstances. The people we spoke with appreciated that the support they had enabled them to remain living in their own home.

People told us that the agency could be flexible in relation to the timings of calls. Most people told us that the agency could accommodate requests for changes. We heard the registered manager liaising with a person who used the service and then other health care professionals. They arranged for a person returning to their own home to have the support and the equipment that they needed.

We spoke with the staff member who was responsible for coordinating calls and arranging staff's weekly rotas. They told us that staff worked with the same people each week enabling them to develop good working relationships. People who used the service told us that they were given a copy of the rota weekly so that they knew who would be attending on any given day. One person told us that they found this reassuring. The staff member also told us that if a person and their carer were not found to be compatible after initial introductions the agency would move the staff member. The registered manager recognised the importance of a positive working relationship between the person being supported and the staff member. They were committed to ensure that the right staff were matched with the people who used the service. One person told us that this had happened to them and that the agency had sent different staff without fuss. One person told us, "I believe that the agency tries to match the right carer to the client."

Staff told us that they were responsive to meet people's needs. One staff member said, "We work together to get it right for people. We support people their way." They gave us examples of how they had provided responsive support. One staff member told us how they had recently supported one person who had fallen. They told us how they informed the person's relative. The relative confirmed that staff had contacted them and said they were grateful for their support. One staff member had supported a person to introduce a white board to help them write down things they did not want to forget. This memory aid had made a difference to the person.

A healthcare professional told us how consistency was important for one person who used the service. They said that the agency had offered it. They told us that having the same staff regularly had made a positive impact on the person's life. They said, "They supported one person to turn things around in their life. Continuity was important and I've seen a difference in them (the person who used the service). I'm very pleased."

Everyone we spoke with said that the care they received met their needs. People told us that they had met with a member of the senior staff team prior to the start of their service. They said they had been asked what their support needs were and how they wanted them to be met. One person told us, "There was a careful assessment at the outset." people told us that their needs were regularly reviewed to ensure they still reflected what the person wanted. The deputy manager told us that they adopted an informal approach to this process to help people relax and speak freely. They said, "We try to make this (assessment and review) a

conversation rather than something formal. It helps people feel at ease." They told us that care plans were developed from initial assessments. Staff told us that care plans were helpful to refer to as well as well as speaking directly with the person being supported.

People were involved in the development of their care and support. Not everyone was aware of their written plan however they did tell us that staff asked them about their care and support and the way they wished for it to be delivered. They said that they were regularly asked if anything had changed. People's care plans were kept up to date by staff who informed the office if there were any changes to a person's needs. We heard a staff member ringing the office to document changes in one person's health. The manager advised them to monitor the situation and then contacted a health care professional for advice and support.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. During our visit to the office we observed office staff managing queries over the telephone. Staff were professional in their approach and gave people full and concise information. We heard one staff member offer reassurance to one person that a call was being covered and changed staff for another person to accommodate their increased support needs. We also heard the registered manager liaise with a healthcare professional after being concerned that one person was not going to cope with their changing circumstances. They arranged for a reassessment from them that day and increased staffing until the package of care could be reviewed. A healthcare professional told us, "They are very committed. It's commendable."

We looked at the system in place for monitoring and reviewing complaints. People and relatives told us they had not needed to raise any complaints with the service and would feel happy to speak directly with the office staff. One person told us they had had no cause for complaint but was sure that if a problem arose the managers would be available to resolve it. One relative told us, "I would have no problems talking to the manager. All very good so far. No complaints at all." The agency had a complaints policy and staff told us that they made sure that people who used the service were aware of how to make a complaint if they were unable to resolve the issue for them immediately. A staff member told us, "People are open. They will tell us what's wrong." A healthcare professional told us how the agency had effectively managed a complaint. The registered manager told us that they currently had one complaint that was ongoing. Although the complaint did not relate directly to the support staff provided the agency was working with the complainant. They told us that, "Staff are working to accommodate the person as best as possible." All of the staff we spoke with were aware of the complaints procedure but told us that they would always try to resolve any complaints immediately and informally. The registered manager told us that when issues had been raised and addressed they checked to ensure that the person remained happy after a few months. They told us, "We follow up after it's resolved to check all is ok."

## Is the service well-led?

### Our findings

People who spoke with us considered that the agency was well led. One person told us, "They are a good crew." Another person described one member of the management team as, "Absolutely golden". A healthcare professional told us, "Managers are supportive. It's brilliant. They are very accommodating with clients." One staff member told us, "The agency is brilliant to work for. We are a good team."

The registered manager understood their roles and responsibilities. They were committed to providing people with a good service. Staff told us that the registered manager was supportive and approachable. We saw staff visiting the office to share information on the day of the inspection and they valued the fact that they had that access to the manager. One staff member told us that it meant they could respond to queries promptly and thus provide continuity to the people they supported. The registered manager told us that they were in the process of opening another office for one day a week in a different area. This was so that staff who worked in more remote areas had the same access to the manager as staff in the central location.

Staff understood their roles and responsibilities within the service. They all told us that the agency provided good care and support. One staff member told us, "We have good support from everyone. We are a good staff team." One staff member told us that they liked that there was someone available if they needed support. They also valued the fact that they could work autonomously taking the lead from the people they supported. They told us, "Balance is important. We work well together and the manager knows what we have to do. This means they help when we raise worries or concerns about a person." One staff member said "I think we offer a great service."

People told us that they had access to someone from the agency in the event of an emergency. Staff said that the on call system was effective and that there was always someone to talk to or help out. The registered manager told us that they made a point of contacting staff if they had had a difficult shift, "Just to check they are alright". Staff confirmed that the manager did this.

Staff said that that they would be confident to raise any issues or concerns with the registered manager. They knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law.

People felt involved and consulted in relation to how and when they received their care and support. One staff member told us that one person had turned down three potential staff before deciding on the staff member they wanted. The staff member told us that 'within reason' they had the flexibility to accommodate people's wishes. They also said they had to balance requests with resources available. They explained this to people.

There were systems in place to monitor the quality of the service. We received a mixed response when we

asked people about obtaining feedback and carrying out reviews. Some people could not recall being asked for their feedback. However some people had shared their views. One person said they had received an extensive questionnaire last summer which had 'impressed' them. We saw the outcomes of this survey. The provider had collated the answers and provided a breakdown of the agency's strengths and areas where improvements could be made. Outcomes were very positive overall although areas where improvements could be made had also been identified. The issue of being supported by inexperienced carers was a theme for the survey and in our feedback. The registered manager told us that they were aware of this and said that all staff received training and support before working with people. They were increasing monitoring of new staff to ensure they were not working until they felt competent and confident. A relatively new staff member told us that support was good and that they did not work alone until they felt ready.

The registered manager had appointed two deputy managers to assist them with management tasks including auditing and reviewing the quality of care.

We saw how records were audited to check that they were being completed appropriately and staff were doing what was required of them. Audits directed management as to where improvements could be made and where additional training was required. For example they had identified that some records had not been fully completed. They told us that additional training had been implemented for the staff member.