

New Dawn Recruitment Agency Limited

New Dawn Recruitment Agency

Inspection report

Southbridge House
Southbridge Place
Croydon
Surrey
CR0 4HA

Tel: 02035519197

Website: www.newdawnrecruitment.co.uk

Date of inspection visit:
05 October 2018

Date of publication:
02 November 2018

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. There were five people using the service at the time of our inspection. The service also provided care staff to residential care homes although we did not inspect this part of the service as it is not part of our regulatory remit to do so.

We inspected New Dawn Recruitment Agency on 5 October 2018. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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. However, the registered manager was no longer in day to day charge of the service. The care manager who oversaw the service told us they would soon register with CQC.

Risks relating to people's care were reduced as the provider followed suitable risk assessments processes. Risks relating to infection control and medicines management were also managed appropriately. Staff knew how to respond to abuse to protect people and they received training in this.

People were cared for by the right number of staff needed to keep them safe. Staff were recruited through recruitment processes which checked they were suitable.

Care plans were up to date and reliable in guiding staff on the best ways to care for people. People were involved in their care plans.

Staff received the right support with training to understand people's needs and supervision. People received food and drink of their choice. Staff supported people with their day to day health needs.

People received care in line with the Mental Capacity Act 2005 and received choice in relation to their care.

People were positive about the staff who supported them and the care they received. The provider had systems to gather feedback from people and staff and make improvements. People had confidence the provider would respond in the right way to any concerns or complaints.

The service was well-led with visible leadership. The care manager and staff understood their roles and

responsibilities. Systems to assess and monitor the quality of care people received remained suitable.

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 remained Good.

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

New Dawn Recruitment Agency

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 New Dawn Recruitment Agency offices on 5 October 2018.

Before our inspection we reviewed information we held about the service such the previous inspection report and statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We did not ask the provider to update their Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We spoke with three people using the service via telephone to gather their views and experiences of the services.

During the inspection we spoke with the care manager and office manager. We looked at two people's care files and two staff files which included their recruitment records and training certificates.

After the inspection we spoke with two care workers. We emailed three health and social care professionals although we did not hear back from any.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person told us, "I'm 100% happy with [my care worker] and the company" when we asked them if they had any concerns about their safety. The provider trained staff to understand their role in safeguarding adults from abuse and our discussions with staff showed they understood how to keep people safe from abuse.

Risk relating to people's care were reduced. The provider assessed risks to people's care such as those relating to their health conditions, mobility and risk of falls and their home environment. The provider put guidance in place for staff to follow in reducing the risks. For example, for a person with sight loss their risk assessment guided staff to ensure the home remained free of clutter to reduce the risk of falls. Staff were aware of the risks relating to people's care and how to reduce these risks. Risks relating to infection control were also reduced as staff followed suitable procedures including using personal protective equipment (PPE) when providing personal care. Staff also received training in infection control to update them on best practice.

People received care from sufficient numbers of staff. People had no concerns about staff timekeeping and told us they always received care from the same staff. Rotas showed most staff supported only one person each day. Where staff supported a second person they had sufficient time to travel between calls. The care manager confirmed there were enough staff and any staff absences were covered by other staff in the service or the office staff who were trained and experienced to provide care.

People were supported by staff who the provider checked were suitable for the role. The provider interviewed all candidates to check their motivations for applying. The provider also checked their employment history, training and qualifications, proof of identification and address, any health conditions, criminal records and that they had the right to work in the UK.

People received their medicines safely. Staff administered medicines to one person who told us they had no concerns about the support they received. The person's care plan set out the support they needed from staff, who received training in medicines administration to help them understand their responsibilities. We viewed medicines records which showed staff recorded medicines administration in line with best practice. The care manager told us they assessed staff administering medicines by observing them and staff confirmed this. However, the provider did not always record these assessments. This meant they could not be sure all staff reached the same level of competency and they lacked a system to determine the frequency of reassessment. The provider told us they would record their competency assessments when we fed back our concern.

Is the service effective?

Our findings

People received care from staff who were trained to support them. People told us they found staff were well trained. New staff completed an induction including training in key topics. New staff also shadowed more experienced staff to learn how people preferred to receive their care. Staff received refresher training in each topic relating to their role every two years. In addition, the provider ran a workshop each year where staff discussed key information from training courses to help refresh their knowledge. Staff were also supported to obtain diplomas in health and social care. Staff received supervision with the care manager during which they discussed their training needs and best practice. Staff also received an annual appraisal to review their performance and set goals for the coming year.

People received food and drink of their choice. One person told us they showed staff how to cook food from their cultural background. Staff purchased a person's preferred cultural food from local shops for them each week. People's care plans set out the support they required from staff in relation to food and drink and staff were aware of people's needs.

People were supported to maintain their health. People were satisfied with the support they received from staff in relation to their day to day health needs. Staff received training in relation to people's healthcare needs including diabetes and epilepsy to help them understand the best ways to care for people. The care manager assessed the support people required with their healthcare needs before they started using the service and reviewed this at least once a year. People's care plans set out the healthcare professionals involved in people's care and staff were available to make appointments for people and support them to attend.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People received care in line with the MCA. The care manager and staff told us there were no people using the service who lacked capacity in relation to their care. Staff received training in the MCA and understood the importance of the Act in their role. For example, staff knew they must respect the decisions people made in their day to day life even if they did not agree with them.

Is the service caring?

Our findings

People were positive about the staff who supported them. People described their care workers as "kind" and one person told us, "She's lovely and caring towards me. Any time I need her she's there for me." People also told us staff listened to them and understood their needs. One person told us, "We talk and we joke and everything." A second person told us, "This lady is 100% good and fun."

People received choice in their care and the staff who supported them. One person told us, "She's very good at asking me what I want to do." The care manager introduced people to the staff before they began providing care. This gave people the opportunity to check they wanted to receive care from the staff member. People also had the choice of receiving care from male or female staff. People told us staff cared for them in line with their preferences.

The provider matched people with staff based on shared cultural backgrounds where possible. One person told us, "The kind of foods I eat is same as what she eats so they matched me well." The care manager told us they carefully matched people with staff considering their personalities, life experiences and ages.

People received consistency of care. People told us the same care workers visited them each day. The care manager told us any absences were covered by staff who had worked with people before. This consistency of care helped people develop good relationships with the staff who supported them.

People's privacy and dignity was maintained by staff and staff treated people with respect. People all told us staff treated them with well when we asked them about privacy, dignity and respect. One person told us, "She always shuts the curtains" when providing personal care. Staff received training in providing care respectfully with privacy and dignity and our discussion with them showed they understood the importance of this when caring for people.

People were supported to maintain their independence. One person told us remaining as independent as possible was important to them and receiving care each day meant they could continue to live in their own home. A second person told us, "She really helps me to be more independent" and the care manager gave us examples of how staff support meant a person could continue their day to day routine.

People received information about the service before they began to receive care. This information included the standards of care they should expect to receive.

Is the service responsive?

Our findings

People were involved in their care plans. One person told us, "The care manager came to talk. She knows what's be done" when we asked how they were involved in their care plan. A second person told us they were involved "very well" in their care plan. The care manager met with people and their relatives to find out about people and how they would like to receive their care. The care manager then developed care plans based on people's needs and preferences. People's care plans included information about their preferences, backgrounds, family and religious beliefs to help staff understand them better. The provider discussed people's care plan with staff before they began providing care and staff read care plans.

People's care plans remained reliable for staff to follow as the provider reviewed them. One person told us, "Reviews are done and they check everything." People told us the care manager often met with them to check their care continued to meet their needs. The care manager recently met a person to review their care when they were discharged from hospital. The care manager told us they reviewed people's care every three to four months or more often if their needs changed.

People were supported to follow their interests when this was part of their care. One person was a member of a local performing arts group. Staff supported the person to prepare for their rehearsals. The provider also arranged for the staff member to watch their performances when the person requested their presence.

People were confident the provider would respond well if they raised a concern or complaint. One person told us, "The manager lets me know if there's anything wrong I must call her." A second person said, "I've never needed to complain. The managers are very nice and the care manager pops in to check on how it's going." The care manager told us they had not received any complaints in the past year. However, the provider's arrangements for responding to complaints remained suitable. People received information about how to raise a complaint with the provider and the response they should expect to receive.

The service did not provide end of life care to any people so we did not review this aspect of the service.

Is the service well-led?

Our findings

The service was well-led. When we asked people if they found the service well-led one person told us, "Yes, they are good." A second person said, "Yes they are well-led. They always respond to what I need." Staff agreed the service was well-led. Our inspection findings also showed the service was well-led as the provider was meeting the fundamental standards.

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. However, the registered manager was no longer in day to day charge of the service. The care manager who oversaw the service told us they would soon register with CQC.

Leadership was visible. The care manager had worked with the provider for several years and was an experienced homecare manager. People and staff knew who the care manager was and told us she was always available to discuss any queries. Our findings showed the care manager had a good understanding of their role and responsibilities. Our discussions with staff also showed they had a good understanding of their roles and responsibilities and of the service's values of privacy, dignity and providing quality care. Staff felt well supported by the care manager and were motivated to meet people's needs.

The provider had suitable quality assurance systems including gathering feedback from people and staff. The provider reviewed people's care with them at least quarterly to check they were satisfied. The provider also checked staff were carrying out care in line with people's wishes at these visits. People also confirmed the care manager often called them and visited them to see how they were and check their care was suitable. The provider checked records relating to people's care, including care plans and medicines records, were well maintained and up to date. The provider also checked staff records, including recruitment and training records, were complete and accurate.