

Newmark Care Ltd

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Inspection report

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August 2015, 24th August 2015
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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 

Overall summary

Newmark Care Limited provides personal care to people in their own homes and during community based activities. It currently supports seven young people with learning disabilities, aged 8-18. At the time of inspection there were four young people using the service, as people had gone away during the school holidays and did not require the service.

This was an announced visit which took place on 19th August 2015, 21st August 2015, 24th August 2015. This was

the first inspection of this service. The service provides personal care and support to people in their own homes and during community based activities. The service operates seven days per week.

The service had a registered manager who was present on the day of inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

Staff we spoke with, and the registered manager, spoke respectfully and compassionately about the children and young people who used the service. They had a good understanding and knowledge of their individual likes and dislikes and their support needs.

People and their relatives told us they felt safe with the staff that supported them; they said staff knew them well. They spoke positively about the flexibility of the service and the consistency of support and caring attitude of the staff and registered manager.

A safe system of recruitment was in place. There were sufficient numbers of staff, who were well trained and effectively supported. They were able to provide the children and young people who used the service with the care and support needed.

We found policies and procedures were in place to safeguard children and young people from abuse. Staff were well trained and were aware of how to identify and respond to allegations or signs of abuse.

People's care records and risk assessments were detailed and person-centred. They provided enough information to guide staff in providing safe and appropriate support to the children and young people.

We saw that children and young people's rights and choices were respected. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005. (MCA) The MCA provides legal safeguards for people who may be unable to make their own decisions.

We found there were good systems in place to deal with complaints. We saw systems were in place to monitor the quality of the service and to gather information on how the service could be improved. Relatives we spoke with told us that the registered manager was approachable and encouraged them to visit the office or contact the registered manager's mobile telephone if there was a problem with the service.

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?

The service was safe

Staff were suitably recruited and trained to ensure people received the care and support they required.

There were sufficient staff available to meet people's assessed care needs.

Suitable arrangements were in place to help safeguard the people who used the service from abuse.

Risk had been assessed appropriately and staff were given guidance on management of risk.

Good



Is the service effective?

The service was effective

Induction and training programme for new staff was robust and helped staff provide the right care and support to the young people who used the service.

Assessments, care planning and risk assessments were person-centred and provided staff with the information they needed to support people appropriately.

Peoples rights and choices were respected. The manager and staff understood the requirements of the Mental Capacity Act 2005.

Staff received regular effective support and supervision.

Good



Is the service caring?

The service was caring.

People who used the service and their families told us that they liked the staff and that staff knew people well.

Staff spoke respectfully and compassionately about the people who used the service.

The manager and staff ensured the privacy, dignity and confidentiality of children and young people was respected.

Good



Is the service responsive?

The service was responsive

Care records were detailed, person-centred and contained information about young people's likes and dislikes.

The service had procedures in place to tell people how they could complain and systems were in place to record and manage complaints.

Good



Is the service well-led?

The service was well-led.

Staff felt supported in their roles and said the registered manager was approachable.

Good



Summary of findings

Policies and procedures were detailed and gave adequate information to staff, people who used the service and their families.

The manager knew the support needs of the young people who used the service well.

There were systems in place to get feed back from people who used the service, to monitor the quality of the service provided and to look at how the service could be improved.

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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.

The inspection team comprised of two adult social care inspectors. This was the first inspection since the service was registered. Two working days prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager was available and able to provide the information we needed when we visited the agency's office. It was also to enable us to arrange to visit some of the children, young people and their families who used the service in their own homes to hear about their experiences of the service.

We visited the agency office on 19th August 2015, spoke with the registered manager, made telephone calls to four staff members on 21st August 2015 and visited three families and one young person who used the service on 24th August 2015. We did this to gain their views about the service provided.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us.

We also contacted the local authority adult and children's commissioning teams. They had no concerns about the service. We also looked at three care records, four staff personnel files, quality assurance audits, policies and procedures and other records about how the service was managed.

Is the service safe?

Our findings

A young person who used the service said they felt safe with their support worker who they knew well. All the family members we spoke with said they felt their child was safe when being supported by the service. One relative said that when they were out on activities, “They would always let me know if there was a problem”.

We looked at four staff personnel files. We saw that a safe system of recruitment was in place. The staff files we saw contained application forms, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We did note that the application forms of two employees did not detail a full employment history, including a written explanation for any employment gaps. The manager was able to immediately give an acceptable explanation for the gap in the employee’s employment record. When asked, the registered manager told us that they had asked the staff about the gaps, had received an acceptable explanation, but had not written the responses. The registered manager told us they would update the files recording reasons for gaps, and they were reviewing their application process and form, which would ensure recording happened in the future. The service did not have a specific recruitment policy, however information on appropriate recruitment procedures was detailed in the equal opportunities policy, employment policy and employment contract. The manager told us that they were in the process of developing a new recruitment policy.

Our discussions with the registered manager, care staff and people who used the service and their families showed there were sufficient staff to ensure people received the support they required.

Staffing rotas showed us that one to one individual support was provided to each young person unless they had been assessed as requiring two staff, in which case two staff were provided.

We saw that suitable arrangements were in place to help safeguard the children and young people who used the service from abuse. Policies and procedures for safeguarding children and adults from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse.

The training records showed that ten of the eleven staff had received training in safeguarding children and all staff had received training in safeguarding adults. Staff we spoke with were able to tell us about the policy and signs of abuse and what they would do if they witnessed or suspected abuse and who they should report it to.

Inspection of care records showed that risk assessments were in place. They covered general risks to the children and young people but also risks connected to their daily activities. Risk assessments were also in place for when young people were travelling in a car with a support worker. We saw there was information to guide staff on what action they would need to take to identify, manage and minimise any identified risk. Training records showed us that seven staff had attended training about risk assessments. The registered manager told us that additional training was planned for staff.

There were policies and procedure in place for dealing with accidents and incidents. These provided guidance to staff on what they should do, how to record and who they should inform. We saw that accidents and incidents were recorded by staff, investigated by the manager and that action was taken where needed: this included reviewing risk assessments.

There were policies and procedures for administering medicines. Training records showed that five staff had received training in the administration of medicines. The registered manager told us that the service was not currently supporting anyone to take their medicines.

We saw the infection control and hygiene policy and procedure; this gave staff guidance on effective hand washing, use of personal protective clothing and equipment (PPE) and preventing the spread of infection. Staff and relatives we spoke with told us that PPE such as disposable gloves and aprons were available and were used when supporting children and young people with personal care.

Is the service effective?

Our findings

A family member told us, “They [staff] are always on time”.

We asked the registered manager to tell us how they ensured young people received support that met their individual needs. We were told that following a referral from the agency that was funding their care, the registered manager visited young people at home to assess what their support needs were. Following this assessment a care plan and risk assessment were developed. A care plan details the individual care and support needs that a person may have and shows how those needs are to be met by the staff. The care records we looked at showed the parents had signed their consent to the care and support that their child required

We were told that when young people started to use the service the registered manager went with staff on a home visit to introduce them to the young person and their family.

We were shown the Service User Guide that was given out to the families of the young people who used the service. The Service User Guide is a document that contains lots of information about the agency. It is given out to people so that they can keep it at home and refer to it as and when they need to.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work for the agency. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the young people who used the service. Staff were also given, in addition to a personal development plan and a job description, a ‘staff handbook’ in their induction pack. This handbook explained to staff about the policies and procedures that were in place to ensure their safety and the safety of the young people in their care. We were told that staff were shadowed by the registered manager or experienced staff during their induction. Staff we spoke with said the induction had helped them to feel confident about their job. One staff member told us the induction, “was very useful, very supportive.”

The registered manager told us that all new staff had review meetings at the start of their employment and then

at intervals of three and six months after starting with the service. They discussed quality and accuracy of work and looked at what training staff needed. The staff files we looked at contained notes of these meetings.

We were shown the training matrix. This was used by the registered manager to record all staff training. This showed that all staff had received the essential training needed to provide care and support to the young people they were working with. This training included; manual handling, health & safety, first aid, infection control, safeguarding adults, safeguarding children, equality and diversity, dementia awareness, communication, medication, risk assessment, person- centred care planning, record keeping, fire safety, food safety, role of health & social care worker /duty of care, COSHH (Control of Substances Hazardous to Health (COSHH) Regulations 2002). This gives guidance on how to protect employees and people who use the service from hazardous substances at work.

The registered manager told us that all staff were due to attend physical restraint /positive handling training planned for August 2015. Certificates for the training staff had undertaken were kept in each of the four staff files we looked at.

The registered manager told us that staff had undertaken training about the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for determine if people have capacity to make informed decisions about their care, support and treatment. Staff we spoke with were able to demonstrate an understanding of MCA and under what circumstances a best interest meeting would be required .A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

The registered manager was able to demonstrate a good understanding of the importance of gaining consent to care, and of MCA and best interests.

We saw an “easy read” leaflet that the registered manager had produced to give to children and young people who used the service. This explained to them what the MCA was, what their rights were and what should happen.

Staff told us that when the young person doesn’t use words to communicate, they know if the person is happy and

Is the service effective?

consenting to what they are doing because they get to know people's non-verbal communication. One staff told us, "[young person] started humming so I knew he was happy".

Records we looked at also showed systems were in place to ensure staff received regular supervision and reviews. Supervision meetings help staff discuss their progress and any learning and development needs they may have. Staff told us that as well as formal supervision, they regularly had informal meetings with the registered manager. Staff commented that the registered manager, "sits down and talks about us and the people we support" and "[manager] lets me know how I am doing".

The manager told us that she carried out unannounced spot checks and also worked alongside staff when they were supporting people so that she could give advice and support. One staff told us, "[manager] surprises us when we are out".

We saw there were regular staff meetings. Staff told us these were planned in advance and that they could raise any issues. Staff said that extra staff meetings were arranged if issues arose that the manager needed to discuss urgently with them.

Is the service caring?

Our findings

One relative told us that the young person gets their bag, “It’s as though [young person] friends have come.” Another said that the young person knows their staff well and that when they tell them the staff member has arrived, the young person is happy and, “runs to the car”.

One young person told us they liked their staff.

A relative told us that they would recommend the service; they said that the staff member, “is a good guy; [young person] likes him.” Relatives we spoke with said that when two staff were needed to support the young person at least one was always someone the young person knew.

Inspection of policies and procedures showed that great importance was attached to ensuring that the privacy and dignity of the children and young people was respected and that confidentiality of information was maintained. The registered manager showed us a dignity audit tool. This was a self-assessment questionnaire that they used with staff to discuss their attitude, responsibilities and care practices.

The staff and registered manager spoke respectfully about the young people they supported. One staff said, “I ask what [young person] wants to do, I do what [young person] wants me to, and it’s about respecting [young persons] routines”.

Staff we spoke with knew the young people they supported. They were aware of the young people’s likes and dislikes and how they communicated. A relative told us, “[young person] doesn’t talk, but they know what [young person] wants”. The registered manager told us that staff worked regularly with the same young people. We were told, “Once a person has built up a relationship, we don’t like to change staff”.

We saw that information about young people who used the service was written in a person-centred way. Care plans we saw contained information on children and young people’s religious and cultural needs. Staff we spoke with understood children and young people’s religious and cultural needs. A young person had been supported by staff to attend their place of religious worship.

Is the service responsive?

Our findings

One young person told us that the staff knew them well and that staff asked where they would like to go. Relatives we spoke with told us that the staff tried new activities with the young people who used the service and that they would always try new activities if parents asked them to.

Relatives we spoke with told us that they were able to request specific staff and also able to request male or female staff if required for personal, religious or cultural needs. They said the registered manager and staff were flexible if they needed the times or days of the service to be changed.

We looked at three care records that were kept in the office. They contained detailed information about young people's needs, their behaviours, and their likes and dislikes. There was lots of information about the children and young people's cultural, religious, emotional and leisure needs. The registered manager told us that the parents of the children and young people they were supporting did not want the care records kept in their homes. The registered manager told us this was acceptable to the service because the support being provided was actually being given out in the community and not in the person's home. We were told that if and when actual personal care was to be delivered in the home then a record of the care required would be kept in their home.

Although the care records were very 'person-centred' we found there was no information in the actual care record to guide staff on what support was to be given. The registered manager told us that because the number of young people using the service was presently very small and the staff were very aware of the support required, it was felt this information did not need to be in the care record. The manager told us that detailed support information would be added if a young person's support needs were complex or more people started to use the service.

We were shown guidance that was given to staff when they were planning trips out. This included planning trips, the need for consent, medical information, dealing with emergencies, risk assessments and care plans.

We were told that each young person had a communication diary and staff used this to record what support the young person had received that day. The relatives we spoke with confirmed the diaries were used by staff. They told us staff discussed with them what they had done that day. We saw daily task sheets. Staff used these to record what they did with the young person and what went well or what didn't go well. These were kept in the young person's file.

Information about how to make a complaint was contained within the Service User Guide that was given out to the families. The procedure explained to people how to complain, who to complain to and the times it would take for a response. Relatives we spoke with had received a copy of this guide. Relatives we spoke with told us if they were unhappy with the service they "would just ring [manager]". They said the registered manager asked if they were happy with the service.

We saw that any complaint made was appropriately recorded and managed and kept in the young person's individual file and the personnel file of the staff involved. There was no central log of complaints in place. The registered manager showed us the system they would implement straightaway to ensure a central complaints log was in place.

The registered manager and staff told us that they attended meetings with social workers and families when young people were referred to the service and also if young people's needs changed.

Is the service well-led?

Our findings

The service had a registered manager who was present on the day of inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The relatives and young person that we spoke with knew who the registered manager was and said that the registered manager was approachable.

Relatives told us they had the registered manager's mobile telephone number, could go to the office whenever they wanted to and that the registered manager came to visit them at their homes to ask them about the service. A relative said that if there was a problem they would ring the registered manager who, "would sort it out."

Staff we spoke with felt supported in their roles and were complimentary about the registered manager. We were told that staff thought the registered manager was approachable. They said the registered manager, "listens to us and gives us time" was "very vigilant and observant," "we can ring [manager] anytime, or come to the office" and that the registered manager "is always there when you need her."

Policies and procedures were detailed and gave adequate information to staff, people who used the service and their relatives and were fit for purpose. However most of the policies and procedures we saw were not dated. The manager told us they had updated the policies and procedures when the service had changed its name in March 2015. We were informed that the new office administrator was gradually working through all the policies and procedures to make sure they were dated. Policies and procedures are documents that guide staff on how things are to be done. They need to be dated to show they are regularly reviewed and reflect the practice of the service.

The registered manager told us they had an on call mobile phone that staff and relatives could contact them on during times when the service was being provided. Staff and relatives we spoke with said they were always able to contact the registered manager at the office or call the mobile phone. Staff and the relatives we spoke with told us they were able to visit the office whenever it was open.

We saw that the service had a certificate of accreditation from Investors in People, which is a bench mark award about quality of staff care and training.

There was a business continuity plan. This informed the manager and staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, outbreak of disease, telephone communications and computer failure.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or any other issues of concern. It also gave staff contact details of other organisations who they could contact if they weren't happy with how the service dealt with their whistleblowing. Staff we spoke with understood their rights and duties. They told us whistleblowing and abuse had been discussed by the registered manager at staff meetings.

People who used the service and their families had been asked for feedback about the service and the registered manager. We were shown quality assurance survey forms. These were given to people who used the service and their families. The survey asked questions about their views on how the service was promoting independence, consent, choice, involvement, staff skills, respect and dignity and complaints.

We saw that the registered manager also reviewed staff recordings in daily diary's and daily task sheets activities, accident /incident forms. Staff and families told us that the registered manager monitored the quality of the service by undertaking spot checks of activities, home visits and shadowed staff when they were providing support to young people.