



Review of compliance

Newcare (Devon) Limited NewCare Devon (Exeter)	
Region:	South West
Location address:	356 Pinhoe Road Exeter Devon EX4 8AJ
Type of service:	Domiciliary care service
Date of Publication:	January 2012
Overview of the service:	<p>NewCare Devon is a provider of Domiciliary Care Services in South and East Devon and offers a full range of Care and Support services to people in their own homes.</p> <p>Domiciliary Care is for those Clients who may need short visits and occasional help with tasks such as getting up, washed and dressed in the morning, preparing for bed, taking medication or</p>

	help with meal preparation or shopping and cleaning.
--	--

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

NewCare Devon (Exeter) was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

This review of compliance took place over two days. On 30th August 2011 we visited the offices of Newcare Exeter at 356 Pinhoe Road Exeter to look at records and speak to visiting care workers and the manager. We were also able to be assisted with the inspection by the Director of Operations who was available that day. On 31st August 2011 we visited three people in their homes, meeting with care workers in one home and met with the Director of Operations and the provider to give feedback on our findings.

All of the people we talked to told us they were very happy with the quality of care they have received from the care workers. Comments included 'they are all wonderful' and 'I am treated very nicely and happy with the care provided'. They told us that their regular care workers always treated them with respect and kindness. One person said the care workers were the reason that they had recovered from their illness.

People told us they had telephoned the agency office and that any issues had been addressed such as moving a visit time to a more convenient one for them. Some people said that they did not always see regular care workers but that this had been addressed by the agency and in the main the agency tries to ensure that visits are carried out by regular staff or at least by one care worker who has visited the person before.

We looked at four care plan documents held in the agency office and the following day we visited the people in their homes to find out if the care workers were given sufficient information about the tasks each person wanted them to carry out. We found that the information in the care plans did not always give care workers sufficient information about

the tasks, or how the person wanted them to carry out the tasks. However, most people told us that they had a regular group of care workers who knew them well and understood how they wanted to be assisted. The Director of Operations agreed that improvements could be made in this area. Two people told us that their only complaint was when the agency changed their regular care workers. New care workers did not support them in the same way as their regular care workers and people had to spend time telling what to do.

People told us they were satisfied that the agency had taken care to recruit suitable care workers and to ensure that they had the training they needed to meet people's care needs. We looked at the agency's records of recruitment and training and we found that there was a robust recruitment programme. The level of training and support provided to care workers was found to be satisfactory.

We saw that the agency had an efficient computer system that had many effective features that should prevent visits being missed. Each care worker had been supplied with a mobile phone to be used only in conjunction with their work. The mobile phone was also used to log in and out of each home they visited, providing the agency with an effective monitoring record of the start and finish time of each visit. This system alerted care workers if they had missed a visit and the agency told us that this is monitored regularly.

The Director of Operations told us that Newcare were looking into allocating travel time to be included in the staff rotas to ensure that care workers were not rushing between visits and therefore on occasions being late for visits. Newcare are monitoring this.

We also looked at the way the agency had assessed people's needs before the service started. We saw evidence of good assessments of each person's care needs. We were told that Field Manager/Senior Care Assistants carry out the first care visit to ensure they have understood the person's care needs fully. However, they had not fully used the information that they had gathered during the assessment to provide sufficient detail in the care plans. This meant that people could not be confident that care workers who visited them for the first time would know exactly how they wanted to be assisted. The care plans did not explain how the care workers should respect people's preferences and choices or how to carry out the tasks in a way that protected people's dignity so that time had to be spent finding this out on the first visit to provide care.

What we found about the standards we reviewed and how well NewCare Devon (Exeter) was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People have confidence that the care workers who visit them regularly will treat them with respect and that their privacy and dignity will be maintained. However, the level of information provided to care workers who visit people for the first time is sometimes basic and there is a risk that care workers may fail to carry out tasks in a manner that respects their individual wishes and preferences.

Overall, we found that Newcare Exeter DCA was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Risk assessments are completed but do not cover all aspects of ensuring that people are supported and cared for in a safe way.

The level of information in each person's care plan is sometimes minimal and does not give sufficient detail to ensure that people receive a care service that fully meets their needs.

Overall, we found that Newcare Exeter DCA was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Care workers have received a good level of training to ensure people are in safe hands.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Robust recruitment procedures ensure that people who use the service can be confident that their needs are met by appropriate staff and that they are not put at risk.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The agency recognises areas where they need to make improvements and have a good quality assurance system which enables them to provide a service that meets the needs of the people's needs.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We visited five people in their homes. We also talked to six people on the telephone. All of the people we talked to told us they were very happy with the quality of care they have received from the care workers. Comments included 'they are all wonderful' and 'I am treated very nicely and happy with the care provided'. They told us that their regular care workers always treated them with respect and kindness. One person said the care workers were the reason that they had recovered from their illness.

People told us they had telephoned the agency office and that any issues had been addressed such as moving a visit time to a more convenient one for them. One person said that Newcare were very quick to deal with any concerns. Some people said that they did not always see regular care workers but that this had been addressed by the agency and in the main the agency tries to ensure that visits are carried out by regular staff or at least by one care worker who has visited the person before. Due to the volume of visits the agency does not send out weekly timetables to people using the service. This would be a way to ensure that appointments are not late or missed and that people knew who to expect to deliver care.

We looked at four care plan documents held in the agency office and the following day we visited the people in their homes to find out if the care workers were given sufficient

information about the tasks each person wanted them to carry out. We found that the information in the care plans did not always give care workers sufficient information about the tasks, or how the person wanted them to carry out the tasks. However, most people told us that they had a regular group of care workers who knew them well and understood how they wanted to be assisted. The Director of Operations agreed that improvements could be made in this area. Newcare workers did not support them in the same way as their regular care workers and people had to spend time telling what to do.

We saw that the agency had an efficient computer system that had many effective features that should prevent visits being missed. Each care worker had been supplied with a mobile phone to be used only in conjunction with their work. The mobile phone was also used to log in and out of each home they visited, providing the agency with an effective monitoring record of the start and finish time of each visit. This system alerted care workers if they had missed a visit and the agency told us that this is monitored regularly.

The Director of Operations told us that Newcare were looking into allocating travel time to be included in the staff rotas to ensure that care workers were not rushing between visits and therefore on occasions being late for visits. This would ensure that people could be sure about when care workers were expected. People told us that staff do ring them to say if they will be late. Newcare were monitoring this.

We also looked at the way the agency had assessed people's needs before the service started. We saw evidence of good assessments of each person's care needs. We were told that Field Manager/Senior Care Assistants carry out the first care visit to ensure they have understood the person's care needs fully.

However, they had not fully used the information that they had gathered during the assessment to provide sufficient detail in the care plans. Visit times in care plans did not always correspond with the times on the agency computer or log if people had requested changes from initial times. One person was not sure what time care workers were to come and waited until late morning to have their breakfast prepared. This meant that people could not be confident that care workers who visited them for the first time would know exactly how they wanted to be assisted. The care plans did not explain how the care workers should respect people's preferences and choices or how to carry out the tasks in a way that protected people's dignity so that time had to be spent finding this out on the first visit to provide care.

Other evidence

We looked at the way the agency office organised the care workers rotas each week and how they ensured that people received visits at the times that had been agreed.

We received information from the provider in the form of the provider compliance self-assessment. We were told that the service tries to ensure that people using the service are able to request different times for their visits which suit them and work closely with people using the service and commissioning colleagues to amend and adjust plans as far as they are able to accommodate the preferences and needs of the individual. People we spoke to said that this was happening. People are also able to request particular staff to visit them and the service will do what they can to accommodate these requests including if people prefer not to have male care workers. We saw that all the

information about these preferences were recorded on the computer system as calls are taken.

We heard that any changes in care needs are highlighted by the regular care worker and these are actioned by the agency. We were told about times when the agency has highlighted when visit times were severely compromising people's independence. The agency sought amendment on behalf of the person using the service by contacting the commissioners paying for the service and agreeing an extension of the visit time. The agency tries to arrange early visits on specific days to accommodate visits to day care, hospital or GP appointments and on some occasions transport is provided for people wishing to undertake their own shopping and visit hairdressers, church, garden centres etc although this is limited. Staff can accompany people on specialist transport to assist them with the paying of bills, shopping and other outings of their choice. The agency are implementing the provision of information in large print for people using the service.

Our judgement

People have confidence that the care workers who visit them regularly will treat them with respect and that their privacy and dignity will be maintained. However, the level of information provided to care workers who visit people for the first time is sometimes basic and there is a risk that care workers may fail to carry out tasks in a manner that respects their individual wishes and preferences.

Overall, we found that Newcare Exeter DCA was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We visited three people in their homes and looked at their copy of the care plan and other records completed by care workers. We looked at the information that was given to the care workers about the tasks they were expected to carry out and we talked to each person to find out if the information in their care plan was accurate or provided sufficient detail. We also spoke to six people on the telephone.

We found that the level of information in the care plans about the tasks to be carried out was sometimes basic unless an issue had been raised or the care was complex such as challenging behaviour. For example 'assist to wash and dress'. However, some people who had received the service for several months or more told us they had a small team of care workers who visited them regularly and who knew them well. They praised the care workers for their professional and caring manner, and confirmed that the care workers knew exactly how they wanted to be assisted with each task. People told us that their regular care workers were 'nice and good at their jobs'. 'nice girls' and 'they will do anything I need'. We heard that changes of care workers are only done to cover staff sickness and holidays.

The care plan files we looked at contained information about people's important family and social contacts, and relevant professionals including their GP. Medication documentation was detailed and explanatory. The files also contained evidence of some risk assessments carried out on the environment, and on care tasks such as moving and handling. However, some risk assessments had not been reviewed for some time and were not detailed, being a tick chart. We read that some people were at

risk of falls but there were no risk assessments showing how this was being managed. One person told us about a serious fall but this was not mentioned in their care plan. Some people required assistance with creams and lotions and there were explanations about the reason why the creams were used and if the person was at risk of pressure sores or other skin problems or signs to look out for.

Some known health problems were listed briefly, but no further detail of how these affected the person. Where people's needs had increased temporarily, for example following an illness, the records had not always been amended to provide an explanation of the increased needs and any additional assistance they needed. We were told that the care given was good and one person told us that 'carers had been really helpful since my operation'.

We talked to the Director of Operations and the provider about the level of information provided in the care plans. They agreed that there could be some improvement in making it clear what people's needs were and what tasks were expected of care workers. They said that they will ensure that each care plan is reviewed and the level of information for care workers is improved.

Other evidence

We also received information from the agency in the form of a provider compliance self assessment. We were told that people who are new to the service receive a four weekly telephone review which is an opportunity to introduce their relevant manager. Records showed close liaison with other agencies such as occupational therapists, care managers, community matrons, district nurses, GPs and other professionals.

We also saw that patient safety alerts were seen by managers and actioned as required such as a hoist survey initiated following an alert 2010.

Our judgement

Risk assessments are completed but do not cover all aspects of ensuring that people are supported and cared for in a safe way.

The level of information in each person's care plan is sometimes minimal and does not give sufficient detail to ensure that people receive a care service that fully meets their needs.

Overall, we found that Newcare Exeter DCA was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they knew who to ring if they had any concerns or complaints about the care workers. They told us they felt the care workers had been carefully recruited and they felt safe in their care. Comments included "They are all very kind" and "Always very kind and caring."

We talked to the Director of Operations and a team leader about some of the areas where we had already identified some weaknesses, including the lack of detail in the care plans about essential tasks to be completed. We also discussed the possibility that where care workers had been rushed they may have missed essential tasks. We were assured that the agency had already identified areas where improvements were needed and they had an action plan in place to address these.

We looked at the staff training records and saw that care workers had received training on safeguarding adults. This had been updated approximately every three years. They have also received training on all required health and safety topics. Team leaders have also received investigation training, Mental Capacity Act and Deprivation of Liberty training.

Other evidence

We received information from the provider in the form of the provider compliance self-assessment. We were told that all staff had received a three day induction course in which all types of abuse are thoroughly discussed and staff were given guidance. We saw that there was a pro-active response to complaints and that actions had been

taken appropriately to ensure that people using the service are safeguarded.

We saw that staff had good knowledge of the safeguarding process and that they would inform their line manager of any issues which were then dealt with via the local safeguarding procedures. Two staff were unsure of the local safeguarding contact details if they wished to make a safeguarding alert themselves but said that they would go through their team leader. The Director of Operations said that they would ensure that all staff were aware of the safeguarding details.

Detailed policies and procedures were being given to staff at the outset of their employment with NewCare which we saw. We saw detailed histories of any concerns being recorded on CareManager.

Individual staff responsibility for safeguarding is made clear in the safeguarding training and whistle blowing policy. There is also discussion of professional boundaries, which forms an intensive part of induction training for all members of staff and this is reiterated at 1:1 supervision sessions.

Our judgement

Care workers have received a good level of training to ensure people are in safe hands.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not talk to people directly about this essential outcome area during our inspection of the agency.

Other evidence

We looked at the records of four care workers recruited recently. We found that satisfactory Criminal Records Bureau (CRB) checks had been carried out before each care worker started their employment and that any concerns had been recognised, discussed and recorded. We saw that there was a comprehensive guide for the human resources assistant for completing CRB applications.

References, including the last employer, were documented in the offer of employment letter and employment applications were checked for gaps.

Our judgement

Robust recruitment procedures ensure that people who use the service can be confident that their needs are met by appropriate staff and that they are not put at risk.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We asked the people we visited and those we talked to on the telephone if they had ever been asked to complete a survey form to give their views about the agency. They told us that they had.

We also asked people if they ever received a visit from a senior member of the agency staff team to review the care plan or check that they are satisfied with the service. They told us these reviews did happen.

Two people we talked to said they had rung the agency office a number of times in the past to complain about missed visits, or about care workers arriving much earlier or later than expected and that they had received a good service from the agency office. We heard that complaints had been dealt with in good time and that they had been kept up to date with the outcome. They told us that the care workers were excellent and that they felt that they could raise concerns with the team leaders or staff.

Other evidence

Before this review took place the Director of Operations completed a self-assessment document that gave us information about how the provider and the agency had checked the quality of the service that they provide. They told us that they recognised that providing a service that delivers across the company some 10000 visits to people using the service per week was a challenge and that they would not always get it right. We were told about an example in 2010 where a serious error of judgement left a client at risk. We saw that the agency pro-actively learnt from the incident and that

procedures had been reviewed and amended, specific notice given to all staff and training programmes amended with increased emphasis given to the need for staff to report changes in clients circumstances.

We saw from the computer system, which logs all calls taken in regard to concerns and complaints, that it was evident that follow ups happen. For example, when staff reported faulty equipment and engineer visited that day.

The agency do regular audits relating to medication, staff training and visit times and act on their findings. There is a clear quality assurance system which includes a regular survey for people using the service, staff and stakeholders who can give their true opinions anonymously. These are analysed and comments acted upon to improve quality. Managers also keep up to date with 'hands on care' to keep in contact with service delivery. The specific brief for field managers is to monitor the quality and safety of the service.

Our judgement

The agency recognises areas where they need to make improvements and have a good quality assurance system which enables them to provide a service that meets the needs of the people's needs.

Overall, we found that Newcare Exeter DCA was meeting this essential standard.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: Care plans are not always detailed enough to ensure that people are cared for in the way that they prefer.	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Risk assessments do not always covers all relevant areas of risk to ensure that people are as safe as they can be.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA