



# Review of compliance

Newcare (Devon) Limited NewCare Devon	
<b>Region:</b>	South West
<b>Location address:</b>	20 Courtenay Park Newton Abbot Devon TQ12 2HB
<b>Type of service:</b>	Domiciliary care service Supported living service
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	This domiciliary care agency provides support and care to people with disabilities and older people in their own homes, including some very intensive packages of care.

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

## Our current overall judgement

**NewCare Devon 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, carried out a visit on 3 November 2011, talked to staff and talked to people who use services.

### What people told us

We (The Care Quality Commission) spoke to five people receiving care and three of their relatives. We also spoke to different types of staff including care workers, trainers, the registered manager and members of the executive team.

We spoke to a relative who said that " All the girls are very nice and very obliging. A different care worker comes in every day but I think it's lovely as they all bring their own personality and chat away to my son." The relative went on to describe the staff as "very respectful and never overstepping the mark."

One relative said "the girls come on time and are always bright and cheerful." She "couldn't fault them" and said "staff ask if they don't know anything." She felt safe with the staff in her home and described them as "like friends coming in."

Another relative said that "new people don't know what to do as the care is quite involved." He felt the documentation "was no help to them" and he had to tell staff what to do. Both the person receiving care and her relative said they felt safe and comfortable with different staff in their home. They had "no problem at all and staff were very willing to help."

One member of staff said " they're a good company to work for – they're so supportive." Another member of staff described the quality of care as "very high level."

### What we found about the standards we reviewed and how well NewCare Devon 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's individual preferences and choices about their care are not always recorded in sufficient detail on care plans. This may lead to a person's views not being fully respected.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Care delivered meets the essential needs of people.

Overall, we found that NewCare Devon was meeting this essential standard.

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

Effective systems and processes are in place to protect people from abuse.

Overall, we found that NewCare Devon was meeting this essential standard.

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

There is a lack of attention given to some aspects of recruitment which increases the risk of people being cared for by unsuitable staff.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff receive a very good range of training. Classroom learning is not always linked well with practical sessions and so trainers and staff may not develop and maintain their skills as best they could.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People's experiences of care are positive and there are basic systems in place to assess and monitor the quality of the service. However the Registered Manager does not use these to their full potential.

Overall, we found that NewCare Devon was meeting this essential standard but,

to maintain this, we suggested that some improvements were made.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 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

During our visits to people's homes we saw examples where consideration was shown for personal preferences and activity was not rushed. People were given choice and staff checked to see whether previous items of food and drink were to their liking.

We observed that a person receiving care was called by a name he chose. We noted that although staff were aware of this, the information had not been recorded on the initial care assessment record. This could mean that people are addressed in a way they may not choose. The person was asked if there was anything else he needed and was reminded to shut a bedroom window later in the day to prevent the room getting cold. The same care worker was due to return that evening. The person told us he did have regular care workers but he said "it makes no difference to me who comes – they're all good people." The person's signature was omitted from the daily record without an explanation for the reason. When asked about the complaints process he said that his daughter knew what to do.

Another relative said that "All was going very well. The girls come on time and are always bright and cheerful." In the person's record there was no reference to his ongoing medical conditions but the relative said that the care workers knew what to do. She "couldn't fault them" and said "staff ask if they don't know anything." She felt safe

with the staff in her home and described them as "like friends coming in. " She said "I have no complaints about the service at all and if I did have a problem I would ring the office." The person was helped with washing and dressing and chose the level of support he needed. The care worker respected his privacy by knocking on the bathroom door before entering.

One person said "The staff are all very good and kind." She told us she felt safe with the staff in her home and when asked if she was cared for with dignity and respect said "yes, oh yes." She said she had "no complaints at all and staff do exactly what I ask." She talked positively about being supported to maintain her independence and having been able to reduce the amount of support she needed over time.

One person and relative we visited said " We are very well looked after. Different care workers visit but they are generally the same." The relative said that "new people don't know what to do as the care is quite involved." He felt the documentation "was no help to them" and he had to tell staff what to do. Both people said they felt safe and comfortable with different staff in their home. They had "no problem at all and staff were very willing to help."

We observed a person being helped with personal care and medication. Safe care was provided at an appropriate pace for the person and good humoured interaction was seen throughout. The care worker enquired about the relative's recent health care.

We talked to one person about the choices they were able to make. He gave the example of choosing what type of shave he wanted and said the staff were very nice.

### **Other evidence**

Following an initial assessment a person's needs are recorded on a care plan. We looked at three records and found details of personal care preferences to be limited. People were documented as Mr, Mrs or Ms etc. – but not how the person preferred to be known. This lack of personalisation could mean that personal preferences are overlooked or that people have to give this information repeatedly to all the staff involved.

One care worker we talked to stressed the importance of making time for listening to people. She also gave an example of how she had helped a relative with shopping for personal items in her own time.

### **Our judgement**

People's individual preferences and choices about their care are not always recorded in sufficient detail on care plans. This may lead to a person's views not being fully respected.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

A relative told us " All the girls are very nice and very obliging. A different care worker comes in every day but I think it's lovely as they all bring their own personality and chat away to my son." The relative went on to describe the staff as "very respectful and never overstepping the mark." The relative did comment on the limited time for travel between appointments but described the staff as efficient. The relative was clear that they had "no problems whatsoever" and considered all the staff "trustworthy and completely reliable." When asked about the complaints process the relative said they had never had need to make one.

Another person described the service as "wonderful, the girls are all nice and friendly. They help me without hesitation." She explained that she had different care workers but she was "comfortable" with all of them in her home. The "girls also help me with my pills and I'm quite happy with the service".

One relative talked about one occasion when the care worker had not arrived on time. One and a half hours after the scheduled appointment he had had to make the manager aware. We fed this back to the management team who told us about the policy and reaffirmed people are asked to contact the service if staff are more than 30 minutes late. However this did raise the issue of how the service was able to identify a late or missed appointment if not reported by the person. The management team agreed to follow this up.

##### Other evidence

People may be cared for by more than one care worker. An informal arrangement exists for identifying a lead care worker. This lack of a lead care worker may mean that changes in a person's welfare are not monitored and acted upon effectively.

One member of staff described the quality of care as "very high level." Another member of staff, when talking about continuity of care worker and care given to people at the time requested said "on the whole they get what they want."

Emergency procedures were also discussed. When questioned staff were able to give a clear response to action to be taken in the event of accidents or emergencies in people's homes e.g. if a person had fallen. With regard to winter planning and adverse weather conditions consideration had been given to access to appropriate vehicles and identification of high priority people. In the out of hours period the service operates an on call manager rota so that people and staff have a point of contact in the event of an emergency.

**Our judgement**

Care delivered meets the essential needs of people.

Overall, we found that NewCare Devon was meeting this essential standard.

## 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

One relative described the staff as "very respectful and never overstepping the mark." Another relative was clear that they had "no problems whatsoever" and considered all the staff "trustworthy and completely reliable." A further relative said she felt safe with the staff in her home and described them as "like friends coming in."

##### Other evidence

The Registered Manager was able to describe the safeguarding process and gave recent examples of liaison with the Local Authority Safeguarding Team. Care staff were clear about monitoring the risk of abuse and how to report it. Safeguarding adults training was also mandatory.

When managing a person's money, care staff were given a receipt book. Any expenditure made on a person's behalf was recorded and copies of receipts kept.

##### Our judgement

Effective systems and processes are in place to protect people from abuse.

Overall, we found that NewCare Devon 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

There are minor concerns with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

This outcome was not discussed with people or their relatives.

##### Other evidence

We looked at six files to make sure pre employment checks had been carried out, to show that staff were suitable to work with vulnerable adults. The files were organised, secure and contained the majority of information needed. Checks included health assessments, proof of identity, references from previous employers, employment history and police checks. However, we found that systems were not robust enough in three files to explain why staff had gaps in their employment history. We also saw in two files that poor references had not been followed up. We spoke to one of the directors who explained that, because of a temporary change in staff, these checks had been missed in these three files. The Director was confident that with current staffing these checks would not be missed.

The director also confirmed that staff who present with criminal convictions are discussed regarding suitability of employment. However, the director was unable to provide evidence of these discussions and risk assessments taking place for the examples we saw.

##### Our judgement

There is a lack of attention given to some aspects of recruitment which increases the risk of people being cared for by unsuitable staff.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Outcome 14: Supporting staff

### 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 competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke to two staff during care visits and they both said they felt supported by the organisation. Both were clear that if they had any concerns they would report it to their manager. One care worker talked about the spot checks carried out by the Staff Development Manager and her receptiveness to learn. She had also had the opportunity to complete an NVQ Level 2 in Health and Social Care with the organisation.

One member of staff said " they're such a good company to work for – they're so supportive."

##### Other evidence

The service has a designated Training Manager who facilitates an induction programme for newly appointed staff. One day of classroom based learning was provided in each of the first three weeks. The comprehensive programme includes personal care, infection control, confidentiality, communication, nutrition and pressure area care. An externally verified question paper was used to assess progress and identify additional support.

All care staff were encouraged to complete an NVQ/ Level 2 Diploma in Health and Social Care and Level 3 study was also available. It was mandatory for all Senior Care Staff to have achieved NVQ Level 2. Where staff identify additional areas of interest this was accommodated by access to resources or further teaching. The Health Protection Agency and Devon County Council are both used to support learning. The service also has a strong relationship with District Nurses and Occupational Therapists

who support learning.

All staff had an annual training review to identify learning needs. There was also a robust process in place to ensure training needs were met in a timely manner. On going training was available at a range of times so that it is accessible to all staff.

One member of staff with responsibility for staff training said they were kept up to date with practice through support from their manager and from attending externally provided training.

Staff were supported by Field Managers who respond to concerns raised and carry out both announced and unannounced checks on care given. One Field Manager has a specific responsibility for staff development and works closely with the Training Manager. The role includes support post induction and there is a structured process for ongoing support. Follow up includes telephone support and direct observations of care. The role also includes a specific responsibility for pregnant staff.

Theoretical class room based training is provided by the Training Manager and hands on practical care was delivered by the Staff Development Manager. The separation of theory and practice makes it more challenging for both trainers to maintain their all round competence and puts learners at risk of not being able to link the concepts.

Staff were issued with a resource bag to support their role. Contents included gloves, a torch, guidance on infection control, lone working and action to take in the event of being unable to gain entry. Staff were also given a handbook which gives an overview of policy and procedures.

Staff had one to one contact with their manager two to three times a year on an ad hoc basis. Managers aim to have a team meeting once every six months but one team had not had a meeting for 18 months. One manager said they would like more time with staff but were easily accessible by phone.

### **Our judgement**

Staff receive a very good range of training. Classroom learning is not always linked well with practical sessions and so trainers and staff may not develop and maintain their skills as best they could.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

When we spoke to people and their relatives the vast majority of comments were positive. Please see outcomes 1, 4, 7 and 14 for the detail.

##### Other evidence

An annual quality control survey was carried out and the reports for November 2010 were seen. The survey was sent to people or their relative where appropriate. The report included the number of responses received but not the number sent and so it was not possible to determine the percentage response rate. Other stakeholders such as Local Authority Commissioners, GPs, District Nurses and Occupational Therapists were not included and so feedback was restricted. Action points from the review were not consolidated in to a report and so it was not possible to follow up on action taken in response to comments made.

An annual staff survey was under consideration. Feedback is currently gathered from one to one and team meetings but this approach may not enable all staff to freely comment.

The complaints file was also looked at. One record was not clear making it difficult to follow the sequence of events and staff involved. However action had been taken to resolve the issue with a damaged item of clothing being replaced.

An example of incident reporting was seen and staff referred to the purchase of a new sharps disposal system to minimise any further risk of a repeat incident. This change in

equipment was communicated by memo to all staff.

The Registered Manager talked about keeping up to date with current practice through newsletters, use of professional websites and the support of the management team.

Management functions and systems were discussed with the senior management team. Functions were compartmentalised and although this led to some efficiencies it detracted from the Registered Manager's role in monitoring the overall quality of the service. The Registered Manager was open about her strengths, weaknesses and priorities. This position was acknowledged by members of the executive team and management structure and responsibilities were under review.

### **Our judgement**

People's experiences of care are positive and there are basic systems in place to assess and monitor the quality of the service. However the Registered Manager does not use these to their full potential.

Overall, we found that NewCare Devon was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

# 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
	<b>Why we have concerns:</b> People's individual preferences and choices about their care are not always recorded in sufficient detail on care plans. This may lead to a person's views not being fully respected.	
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<b>Why we have concerns:</b> There is a lack of attention given to some aspects of recruitment which increases the risk of people being cared for by unsuitable staff	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> Classroom learning is not always linked well with practical sessions and so trainers and staff may not develop and maintain their skills as best they could.	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b>	

	Quality assurance systems are basic and are not used to their full potential by the Registered Manager.
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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 14 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

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