Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Exeter)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Newcross Healthcare Solutions Limited (Exeter) is a domiciliary care service providing personal care to people living in their own homes in the Exeter and surrounding areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection there were six people who received personal care from the service.

The service was re-registered with us in June 2018 and this is the first inspection.

The last rating for this service was good (published 12 December 2016). Since this rating was awarded the service had moved premises. We have used the previous rating to inform out planning and decisions about the rating at this inspection.

People's experience of using this service and what we found
At the time of the inspection the previous registered manager and a senior staff member had left. Two new senior staff started work in the service in April and May,2019, a few weeks before this inspection. A supporting manager from another branch had overseen the management of the Exeter service whilst a permanent manager was recruited. They continued to manage their permanent management post, sharing their working week between the two services. The new management team were positive and enthusiastic about their jobs. A care staff told us, "The new management team are very good. They are brilliant". Another care staff said, "The new managers are very helpful, very friendly".

Just before this inspection took place we received information about concerns which had occurred during the period between the previous management team and the new team. We were assured that the provider had taken steps to address the management of the service and new systems were being introduced to improve the provider's oversight of the agency. However, these processes and systems have not been tested or embedded. .

Most people we visited or spoke with told us they were happy with the service. One person complained about a lack of consistency in the staff team and told us, "They send staff I don't know and who haven't done shadow shifts". During this inspection the acting manager told us they had met with the person and taken steps to address their concerns and improve the consistency of their service. This showed they had taken the complaint seriously and taken actions to address the concerns. Other people told us they were happy with the service. A relative told us, "The carers are excellent" and a person described the service as "Brilliant!"

People received care from staff who had been carefully recruited and trained to meet their individual needs. There were sufficient staff employed to ensure people received a safe and consistent service. Medicines were administered safely by competent staff. Care staff had received training on health and safety related topics and followed safe procedures, including infection control.

Staff provided care in a kind, respectful and understanding manner. Staff understood people's complex needs and received training, supervision and information to ensure people received an effective service. New care planning systems were about to be introduced. At the start of this inspection we found some care plans did not provide sufficient information about people's preferred daily routines, but this was addressed promptly and when we visited the service on the third day we found improvements had been made and care plans contained good information covering all areas of need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Newcross Healthcare Solutions Limited (Exeter)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector on the first two days of the inspection, and by two inspectors on the third day.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. The service was being managed by the registered manager of the Plymouth branch on a temporary basis. Their working week was shared between the Exeter and Plymouth branches. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. Since the inspection the overseeing manager has been appointed into a senior role specifically to directly support a cohort of branches, this role will involve taking the lead when a registered manager post is absent.

Notice of inspection
We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 June 2019 and ended on 26 July 2019. We visited the office on 27 June and

26 July 2019.

What we did before the inspection
Before the inspection we looked at the information we had received about the service since the last inspection. This included information such as notifications, complaints and concerns.

We did not receive a Provider Information Return (PIR) when this was requested. The provider told us they did submit the PIR but this was after the deadline and was not received by CQC.. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used this information to plan our inspection.

During the inspection-
We spoke with the manager and two senior operational staff based in the Exeter branch. We visited two people in their own homes who received a care service and one relative on the telephone to get their experiences of the service. We reviewed a range of records. This included three people's care plans, staff recruitment and supervision records, and records of complaints and compliments. We looked at other care records relating to the running of the service including records of accidents, complaints and concerns.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three health and social care professionals who had professional knowledge of the service but received no replies. We spoke with three care staff on the telephone.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires improvement - This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

●We received information that indicated people may not have been protected from harm or abuse during the weeks prior to the current management team starting work there. During the inspection we looked at the agency records to find out how they had investigated the issues when concerns had been raised. We found the records did not provide adequate information to show the investigations that had taken place. The matters had not been reported to the relevant authorities. We discussed these concerns with the acting manager and two senior managers who met with us at the agency office on the third day of the inspection. We were assured that, as a result of this incident, systems have now been changed. Any allegations or concerns about possible future abuse would be investigated fully and all relevant authorities will be notified and consulted where necessary. These new processes have not yet been tested or embedded into practice.

●Staff received a handbook at the start of their employment which included safeguarding policies and procedures. Records showed that staff had received training and regular updates on safeguarding. Staff told us they knew how to recognise and report abuse. Safeguarding was also covered in supervision sessions to ensure staff understood safeguarding procedures.

Assessing risk, safety monitoring and management

●Care plans contained risk assessments covering known risks such as moving and handling, skin care and specific illnesses. However, we found risks associated with choking had not been assessed for one person we visited. The person was living with dementia and received a service on a short-term basis while their relative was away. A care worker told us they had planned to give the person a certain food for their lunch. They had been unaware of the risk of choking until they received a phone call from the relative who had called to check on the welfare of the person. We discussed this with the acting manager and looked at their assessment forms. The assessment did not guide the assessor to check on dietary needs and risks. On the third day of the inspection, we saw improvements had been made to the care planning and risk assessment procedures.

●The service had gathered information from each person's GP on their medical history and any current health risks. They also received information from the funding authority (either the local authority or NHS) before the service began. This provided information about specific risks. Information was also gathered from the person and their relatives (with the person's permission). This information was used to draw up a plan of the person's needs, and how to support them to stay safe and well.

Staffing and recruitment

●Safe procedures were followed before new staff were allowed to provide care to people who used the service. Records showed the provider ensured all required checks and references were in place and a satisfactory interview had been completed before the service was able to offer an applicant a job.

●There were sufficient staff employed to meet the needs of people who used the service. Newcross also had another service based at the same office location which provided care and nursing staff to care homes and other nursing and care services. (This service does not need to be registered with the Care Quality Commission). Newcross Healthcare Solutions Limited (Exeter) were able to utilise suitably trained staff from their unregistered service to cover for shifts such as unexpected sickness absence if they were unable to cover from their own pool of staff.
●People were usually able to say which staff they wanted to provide their care. If people did not like any of the care staff for any reason their wishes were respected.

Using medicines safely
●The service gathered information on people's medicines from their GP before agreeing to support a person with their medicines. The information was updated each month. This information was used to draw up a Medication Administration Record (MAR). A check list had been drawn up for each person providing a detailed guide for care staff on the administration process to be followed.
●Care plans contained information on each medicine prescribed, and provided specific information about risks, and administration procedures. This included information about any allergies.
●Staff had received training on safe administration of medicines. Medicines records were checked regularly by senior staff to ensure they were completed accurately.
●People were supported where possible to administer their own medicines safely. For example, they helped a person set an alarm to remind them to take their medicines.

Preventing and controlling infection
●All staff had received training on safe infection control procedures during their induction, and their knowledge was tested to ensure they understood what they had learnt.
●Protective equipment such as gloves, aprons and uniforms were provided. Training also covered hand hygiene.
●Senior staff carried out spot check visits to ensure staff followed safe infection control procedures at all times.
● A relative told us it was highly important that safe hygiene procedures were followed at all times and they were confident care staff followed safe practice at all times. They said, "Infection control is excellent. Everything is left really clean".

Learning lessons when things go wrong
●The provider had systems in place to identify issues, and to review issues, concerns and adverse events. Action plans were drawn up showing the actions taken to address issues arising. We were also given examples of actions the acting manager had taken in other branches they had worked. They gave assurances that they will take all incidents and concerns seriously, investigate fully and ensure actions are taken to prevent or minimise the risk of recurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good - This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were assessed, and their care, treatment and support were delivered effectively. Care plans provided information on a range of support needs. All care plans contained a guide for care staff on the specific tasks to be carried out on each visit.
- People told us the service was reliable. The service provided people with a timetable each month to let them know who will be visiting, and the days and times of each visit. A relative told us, "They always turn up on time". They went on to say, "I already have a rota for next month". A person told us, "They have never missed a visit. They always turn up on time".
- The service used a computer-based planning system. Staff logged their arrival and departure for each visit using a mobile device. If staff did not arrive on time the computer system alerted senior staff to a late or missed visit. This meant they were able to act promptly to contact the person and offer care from another member of staff if required. A relative told us they always received a phone call from the agency if care staff were running late, or if a care staff was unexpectedly off sick that day. The relative also told us the service was flexible and would provide longer or shorter visits according to their needs for example planned family activities.

Staff support: induction, training, skills and experience

- Staff had received training at the start of their employment covering topics the provider had identified as essential to meet the needs of people who used the service. Staff received regular updates on essential topics and staff were not allowed to work unless their training was up-to-date. When the agency agreed to provide care to a person they would not start the service until a staff team was in place with the right training and competencies.
- Staff received training from the in-house training team on topics relevant to the health and personal care needs of people who used the service. In-house training was planned for the coming weeks on a range of topics including moving and handling, airways and tracheotomy, medication, epilepsy, diabetes, bowels, and peg training. A member of staff told us the training was classroom based with a trainer, and they received yearly updates. They said, "It's very good. They make it interesting".
- Staff were well supported. A member of staff told us they received supervision every three months and could call or visit the office at any time for advice or support.
- Although the registered manager and their senior care staff team had changed in recent months the acting manager told us the care staff team were stable, with low turnover.
- A relative told us they were confident all care staff were well trained. They said they had been involved in some of the training sessions where staff had received training on specific tasks relevant to the person. This had given them reassurance that staff had the right skills to meet the person's needs.

Supporting people to eat and drink enough to maintain a balanced diet

●On the first day of our inspection we found that care plans did not always provide specific information about people's dietary needs and preferences. We discussed this with the registered manager who told us they were in the process of reviewing and improving their care plans. On the third day of the inspection we found that care plans had been improved and now provided sufficient information about each person's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

●Staff worked with other agencies such as GPs and community nurses to ensure people received the right support and treatment.

● A relative told us the care staff went with the person and their family to any appointments. They also told us the care staff worked closely with other professionals and followed any ideas and instructions from the professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. At the time of this inspection there were no people receiving a service whose liberty was restricted.

●At the time of this inspection there were no people who lacked capacity, but we were assured they would carry out suitable mental capacity assessments if needed.

●Staff understood the importance of supporting people to make decisions about their lives, and gave examples of how they had supported people to make decisions that friends and family may feel were unwise. They had sought guidance and support where necessary from the appropriate authorities.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good - This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Supporting people to express their views and be involved in making decisions about their care Respecting and promoting people's privacy, dignity and independence

●People told us the care staff were caring, friendly and respectful. A relative told us, "The carers are excellent". They told us the care staff always gave them good feedback at the end of each visit. This gave them confidence to know the person was happy and well cared for.

●People were treated in a kind, caring and cheerful manner. Staff engaged well with people, understood their likes, dislikes and preferences,

●Staff had built up positive relationships and understood the things people liked to do, and the places they liked to visit. For example, daily notes showed a person with complex needs and limited mobility was taken by a care worker to visit a local farm shop and the notes described how the person had enjoyed their day. The care worker had understood the things the person was interested in.

●Daily notes also provided evidence of staff working alongside people, supporting them to gain or retain independence with daily tasks such as shopping and cooking.

●Staff were observant and noticed where people needed help, for example, they noticed when a person's milk stocks were low and purchased more milk for the person before their next visit.

●Through our conversations with staff it was clear they were committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately, such as

●People were encouraged, where possible, to draw up a plan of their daily routines and care needs. They also provided information about their likes and dislikes, and how they wanted to be supported.

●One person told us they did not want to have a fixed daily routine. They wanted staff to be flexible and to support them with the things they wanted to do, at the times they wanted support. The person told us the staff were understanding. The person liked to sit and chat with care staff, and therefore it was important they had a team of staff who had similar interests. They told us they liked all of their regular staff team.

●During our inspection people told us, and we observed, staff treating people with dignity and respect.

●Supervision of care staff included observation of practice which included checks to ensure staff were treating people with dignity and respect. This was also discussed with care staff in supervision sessions.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good - This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●People told us they had been involved in drawing up and reviewing their care plans. One person had drawn up their own daily information sheet for staff. They told us they were very happy with the support they received. They said, "They are brilliant!" The person explained how their support needs changed from day to day and said the care staff were very flexible and willing to change their daily routines.

●On the first day of our inspection we saw that some care plans did not contain an explanation of people's daily routines and preferences for care and support. On the third day of our inspection we found that care plans had been improved. Each plan contained a detailed explanation of the person's normal daily routine, the tasks they needed the care staff to carry out, and how they wanted to be supported. The information was detailed and provided sufficient information to staff on each task, including complex

●Staff told us the usual practice was for people to be introduced to staff before the member of staff visited them for the first time. This enabled staff to get to know the person and find out about their care and support needs before their first visit.

●The agency was about to transfer all care plans to a new computerised care planning system. This will mean care plans can be updated more easily in future. It will also provide better systems for monitoring care tasks and ensuring people receive the care that has been set out in their care plan. The new system will enable the registered manager and senior manager to have easy access to the plans and ensure all required information is in place before a service is provided for the first time.

●Where concerns have arisen, for example if a person has shown signs of illness, tasks have been monitored by a clinical lead. They will oversee the person's care and make sure they receive any further care or treatment needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●We were given assurances that people would be given information in any format suited to their individual needs. The manager told us they had provided care plans in other formats such as Braille in other branches she worked in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

●There was a strong emphasis on supporting families and friends and involving them in people's care,

where people wished this. The agency provides support to people who have complex needs and required support over several hours, or on a 24 hour basis. This meant staff had sufficient time to support people to go out into the community, and to meet with friends and family.

●Staff gave examples of how people were supported to go out into the community and enjoy activities they were interested in. A member of staff had supported one person to visit the cinema to see films they liked. Staff also supported another person who was interested in planes to visit an air show, and a person who was previously in the armed forces to attend a memorial service.

Improving care quality in response to complaints or concerns

●All complaints were logged on the agency computer system. The provider's senior management team had access to the records and checked these each week. All high-risk complaints and issues were put onto a tracker and the senior managers follow these up to ensure they were investigated fully, and actions taken to address where needed. They also made a weekly call to branch manager to discuss the complaints and investigation progress. Senior managers worked with the branch manager about progress of complaint. The provider's human resources team advisors also looked at any issues relating to complaints about the staff.

● Before this inspection we received a complaint from a person who was unhappy because they had frequently received visits from care staff who had not been introduced to them previously. They told us, "They send staff I don't know and who haven't done shadow shifts". The acting manager told us they tried wherever possible to provide a stable staff team, but there were some occasions when they were unable to achieve this, for example due to sickness. On these occasions they offered care from a care worker who may not have previously worked with the person. After the inspection the acting manager provided evidence to show they had addressed the concerns raised by the person and the person was happy with the outcome.

End of life care and support

●At the time of this inspection the care plans did not provide specific information on people's end of life wishes. Where people were at the end of their lives, the care plans covered all practical needs for their health and personal care. The manager told us they hoped the new care planning system they were about to move to will include specific information on end of life. After the inspection the acting manager told us they felt it was not appropriate to discuss end of life wishes with some people, especially those who did not have anticipated end of life care needs.

●Staff worked closely with other relevant professionals and agencies such as Marie Curie, Macmillan nurses, and with district nurses to ensure people received the care and treatment they needed at the end of their lives.

●A care worker told us they took a pride in providing the right care to people at the end of their lives. They understood the importance of getting to know the person and their family and making sure the person had a comfortable and dignified death. They were happy to work every day without a day off to make sure the person had continuity of care. They also recognised the importance of supporting families and loved-ones through this difficult time.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement - This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been recent changes in the management team and instability in the leadership of the agency. The previous registered manager had moved to the Bristol office approximately six months earlier, although they had remained registered as the manager of the Exeter branch until just before this inspection took place. A replacement manager for the Exeter branch had been recruited, but they only stayed for a few weeks. Senior staff who had supported the registered manager had also left.
- Staff told us that the previous management of the service before the new team were appointed had been poor. One member of staff told us they had considered leaving during that period, but said things were much better now and they were happy to stay. All staff we spoke with were happy with the new management team.
- At the time of this inspection there was no registered manager for the branch. The service was being managed by the registered manager of the Plymouth branch. This person had been responsible for the management of the Exeter branch for a just few weeks prior to this inspection. They continued to manage the Plymouth branch, splitting their working week between the two branches. They told us they intended to continue to manage the Exeter service until such time as a new manager is recruited. After the inspection the provider told us they had appointed a permanent manager to the Exeter branch and the overseeing manager had a new post overseeing a cohort of branches, including Exeter.
- Two new senior staff had been in post for approximately five weeks prior to this inspection.
- Despite the short period of time the new management team had been in post before this inspection, we heard about many improvements they had put in place, including improvements to the care plans, setting up staff meetings and supervisions, and planning and implementing a range of training for care staff. The management team were positive and enthusiastic about their new jobs. A care staff told us, "The new management team are very good. They are brilliant". Another care staff said, "The new managers are very helpful, very friendly".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We had received information about concerns which had been raised a few weeks previously. The acting manager was unable to provide sufficient evidence to show that the concerns had been taken seriously, reported to the relevant agencies, and investigations had taken place. The concerns had been raised at a time when the previous management team had left, and when the new management team were being recruited. This indicated the provider had failed to ensure adequate management cover for the service during this period and had failed to ensure that potential safeguarding concerns were addressed fully in line

with the provider's safeguarding policies and procedures.

●On the third day of this inspection we visited the agency office where we met with the acting manager and two members of the provider's senior management team. We sought their assurances that all future concerns, complaints and allegations of abuse will be been taken seriously, fully investigated and reported to the relevant agencies. We were satisfied that the acting manager and their management team fully understood their responsibilities and knew the procedures to follow if any incidents or allegations occur in the future. The provider had systems in place to monitor the agency if any members of the management team are absent in future. They were in the process of introducing new computer-based systems which will improve the provider's monitoring and support systems to each branch.

●While we were assured that the provider had taken steps to address the lack of management cover for the agency, and new systems were being introduced to improve the provider's oversight of the agency, the new management team had only been in post for a few weeks. Systems to monitor and improve the service were not yet fully tested or embedded. The acting manager was also managing another branch, and it was uncertain if the acting manager would apply to register as manager for the Exeter branch. Therefore, we have rated this domain as 'Requires improvement' because we want to be certain that the new systems will be embedded, and the management team will provide stability to the service in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●The provider understood the importance of valuing staff and recognising good practice. They had a staff award system in place called 'Wow'. Information given to staff about the award scheme said, "Our people are our most valued asset here at Newcross Healthcare and so we are looking to reward our most hard-working, loyal healthcare staff this summer with our WOW Factor prize". Staff were awarded a range of prizes, including holidays, in recognition of good care.

●The new management team encouraged people who used the service and staff to visit the office whenever they wanted. There was an open management style, and people and staff were able to contact the office easily to discuss any issues.

Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were regularly asked for their opinions on the care staff who visited them. Their responses were recorded on a questionnaire. If they raised any concerns about a member of staff their concerns were listened to and acted upon, for example a member of staff may be given more training on a specific topic if necessary. If people did not want a member of staff to visit them again, their wishes were respected.

●The provider did not invite people to comment on the overall efficiency of the service, or any matters relating to the management of the service. This meant there was a risk the provider may fail to identify areas of dissatisfaction in the service. However, the senior managers we met with on the third day of this inspection told us they were looking at ways of improving the way they gathered information about the service from people who used the service, relatives, staff and other professionals.

●The provider had systems in place to monitor the service and improve the care provided, and these were in the process of being strengthened and improved by the imminent introduction of a new computerised care planning and management systems. There were checks and audits in place covering tasks such as medicine administration, training and supervision, and care planning and reviews. Monthly management reports and action plans were completed and shared with the provider.

Working in partnership with others

●The new management team were in the process of building relationships with local professionals and organisations.