Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Bristol)

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 10 April 2018. The inspection was announced. This is because the service provides care to people in their own homes and we needed to be sure that someone would be available in the office to support our inspection. At our last inspection, the service was rated Good with no breaches of regulation. At this inspection we found one breach of regulation and the service was rated as Requires Improvement.

The service provides care for people with complex care needs. The service provides care to both adults and children. At the time of our inspection the service was providing 28 packages of care.

There was a registered manager in place, although they were shortly to be going on long term leave. A manager had been found to cover whilst the registered manager was absent. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the service required improvement. People were not consistently kept safe because there weren't sufficient numbers of suitably qualified staff to meet the demands of people's care packages. This had led to a significant number of calls being cancelled by the agency because they weren't able to provide cover. People using the service were supported by family and so their immediate safety was not put at risk by the calls being cancelled, however it was clear from feedback provided that the situation was impacting negatively on people and causing them distress. The service was reviewing their recruitment procedures to try and improve the situation.

The service had not been well led in all aspects. Historically, the management of acquiring new care packages had not been well managed and this was impacting on the service's current performance.

We received positive comments about the care staff and people had clearly built up good, strong relationships them. It was clear that regular staff understood and met the needs of the people they supported. However frustrations arose when visits were cancelled by the service. This was reflected in both feedback from people and professionals involved with the service.

There were systems in place to manage complaints, however there was a lack of confidence amongst service users and professionals about how their concerns would be responded to. Feedback was inconsistent, some people were satisfied about how the service managed their complaint, others expressed frustration and concern about the process.

Staff were required to have the skills to support complex health needs and conditions. It was clear from staff records that their skills and abilities were monitored closely. There were lead registered nurses in place

overseeing care packages and reviewing them regularly.

Staff understood their responsibility to safeguard vulnerable adults and had received training in this. There were safe processes in place to support people with their medicines where this was part of their agreed care package. Medicine Administration Records (MAR) were reviewed and checked regularly to monitor for any errors or omissions.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all aspects. People felt safe with care staff, however there wasn't a sufficient number of suitably qualified staff to ensure the commitments of the care package were met.

People received safe support with their medicines.

There were risk assessments in place to guide staff in providing safe care.

Staff understood their role in safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood the principles of the Mental Capacity Act 2005 (MCA).

Staff worked with other healthcare professionals involved in people's care.

Where it was part of their care package, staff supported people with their nutritional needs.

Staff received training and supervision to monitor their performance and development needs.

Is the service caring?

Good

The service was caring. People spoke positively about individual care staff and it was evident that strong relationships had been built.

People and their families were invited to give their views and opinions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs. There was a lack of confidence that complaints and concerns would be listened to and dealt with.

People had person centred care plans in place which were reviewed regularly

Is the service well-led?

Requires Improvement

The service was not well led in all aspects. There were historical issues with how new care packages were agreed, which impacted on how well the service performed currently.

Staff were generally positive about the support they received from managers.

There were systems in place to check quality and safety within the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 April 2018 and was announced. We gave the service 48 hours notice of our inspection. This was to ensure that there would be a suitable person available in the office to support the inspection

The inspection was carried out by one Inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all the information available to us. This included the Provider Information Return (PIR). The PIR is a document that the provider completes to describe the service they are providing and any improvements they plan to make. We also looked at notifications. Notifications are information about certain events that the service is required to send us by law.

Due to their communication needs, most people using the service were not able to speak with us directly. We spoke with one person using the service and 10 relatives of people using the service. Prior to the inspection we had also received information from two families. We received feedback from five members of staff. We contacted 11 professionals involved with the service and received feedback from four. We reviewed three people's care documentation as well as other documents such as quality audits and complaint records.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. The service did not have a sufficient number of suitably qualified and experienced staff to meet the needs of their care packages. The difficulties that the service experienced in recruitment meant that they weren't able to be flexible or always meet the requirements of the agreed care packages. The registered manager showed us their data in relation to the number of calls they had cancelled in the last three months. This data highlighted the difficulty that the service had had in meeting their commitments. We were told categorically that none of the unfulfilled visits had put people at risk, because there was a family member or relative that was able to provide the care. However, comments we received from both professionals and families clearly illustrated the difficulties this caused for people and the negative impact it had. One relative commented ""some gaps are not covered, huge impacts for me I cannot go to work or may have to cancel plans". Other relatives told us " I have to cancel everything as (x) cannot be left, makes me angry as they get paid to give me that service" and " when Newcross cannot cover a shift they cancel, this doesn't work for families this is part of our lifeline". A professional giving feedback told us "One of our more complex individuals has been let down several times due to short notice changes in carers, lack of staff trained to meet their needs and poor communication with family or other agencies involved."

The registered manager spoke openly and transparently about the difficulties they had experienced in recruitment. We also discussed a number of care packages individually where it had been difficult to meet the service user's requests for specific staff which had compounded the difficulties in staffing care packages further. The service were actively looking at ways to improve the situation in relation to recruitment. For example, by considering candidates who didn't necessarily have the exact experience they would usually look for, and then provide further training to ensure they had the necessary skills. This would open up a greater number of potential candidates. However, at the time of the inspection it was clear that the number of visits cancelled by the service was causing people difficulty and distress.

This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The recruitment process was robust and minimised the risk of unsuitable or unsafe candidates being employed. Checks were in place, such as a Disclosure and Barring Service (DBS) check. A DBS check highlights whether a person is barred from working with vulnerable adults and whether they have any convictions that might affect their suitability for the role. There was photo ID on file and references from previous employers were sought. Feedback from all the families we spoke with reflected that people felt safe with the carers that attended their homes.

Staff felt confident in their responsibility to safeguard vulnerable adults. Staff had received training in this area so they understood the signs that might indicate a person was at risk. We also noted that in one person's support file we saw a body chart was in place to record any marks or bruises to the skin. The registered manager told us for a person who was prone to bruising and marks to the skin, they would consider contacting the safeguarding team if the bruise or marks didn't have an obvious explanation. We

discussed how for people who were prone to bruising it would be useful to have clearly documented in their plans when safeguarding alerts would be made. This would help ensure that signs of abuse were not overlooked. Prior to the inspection we became aware of information that indicated an individual may have been put at risk. This information should have been shared with the local safeguarding team so they had opportunity to evaluate and decide whether they needed to take action to investigate. However the service had not done this and the information was only shared once the Care Quality Commission became aware.

We recommend that the service reviews their safeguarding procedures to ensure they fully comply with local safeguarding protocols.

For those people who received support with their medicines, the process was safe. Medicine Administration Records (MAR) were used to record when medicines had been administered to people. These forms were returned to the office on a regular basis so they could be audited by the lead nurses and any errors or omissions identified. We saw examples of these audits and some minor issues they had identified in recording. The nurse told us whenever any concerns were identified, these would be discussed with staff.

There were medicines risk assessments in place for people to ensure the process of administering medicines was safe. For example. For one person, the measures required to keep them safe included storing medicines securely when not in use to ensure they couldn't be accidentally taken at the wrong time. There were also other risk assessments in place relating to people's care, such as environmental risk assessments.

Good

Is the service effective?

Our findings

The service understood the principles of the Mental Capacity Act 2005 (MCA). 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 the best interests and as least restrictive as possible. We saw examples of capacity assessments in people's care files relating to specific decisions that needed to be made on the person's behalf. Where the assessments highlighted the person did not have capacity, a decision was made in their best interests. However there was no records to show who had been involved in the decision making process and how the decision had been made. We were contacted by one of the registered nurses at the service shortly after our inspection. They told us they had discussed adaptions to the documents they used with the clinical governance team and they would more clearly record the decision making process in the future.

People using the service had complex health needs, which required staff to be competent in a range of clinical skills. It was evident the service trained staff to be able to meet the needs of individuals who used the service. The registered manager told us that staff would not be allocated to a care package unless they had been assessed as competent in the skills they required. There were lead registered nurses overseeing each care package to ensure people's needs were met and staff continued to demonstrate the necessary skills. Families reported being satisfied and happy with their regular care staff.

We saw evidence in staff files that their competencies were regularly checked. This included skills such as caring for people who had a tracheostomy, or used a ventilator. The registered manager told us that only staff with previous complex care experience would be considered for employment with the organisation. This meant staff already had relevant skills when they began working for the service. The registered manager told us at the present time, they were not issuing the Care Certificate to new staff, although many would already have it from previous employment. However, many of the skills included in the training provided by the service aligned with the Care Certificate and in future they would issue it to all new staff joining the service once the relevant training had been completed. The Care Certificate is a nationally recognised qualification that covers the minimum skills that all care staff are required to meet.

Records showed that staff received regular supervision, both face to face with their line manager and also in the field, so they were observed delivering care. This ensured that staff performance and development needs were monitored and any concerns could be identified and acted upon. Staff were positive about the support they received in their roles.

Where it was part of the care package, people received support with their nutritional needs. If people had specific needs around their nutrition, staff were trained to meet those needs. For example, staff had received training in how to manage a Percutaneous Endoscopic Gastrostomy (PEG). We reviewed the support package of one person where staff were recording their food and fluid intake. Recordings were clear and specific, for example detailing the fluid intake in mls.This allowed the person's intake to be recorded and

monitored accurately.

The service worked with health and social care professionals and incorporated their advice in to how they supported people. For example in one person's care plan we read about advice provided by the memory clinic in relation to supporting a person with their dementia. Another person required particular health checks to be carried out every four hours. We saw records to show that these checks were carried out as set out in the person's care plan.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Comments we received were positive and demonstrated that people had been able to build warm and positive relationships with individual care staff. Comments included "they are marvellous", " Very caring and confident" . People told us they were treated with dignity and respect "They engage with my son very well, they support his personal needs with dignity and are so natural around him, makes him at ease".

One of the lead nurses told us about an occasion which illustrated the strong relationships with people using the service. One person enjoyed going to a local café and had requested their care review to take place there. This was accommodated by the service. We also heard how the lead nurse arranged for the café to put on a tea party for the person when they came out of hospital.

People had opportunity to give their views and opinions about the service they received. The lead nurses at the service held regular review meetings with people using the service and their families. Staff also received supervision in people's homes to ensure they were providing good care.

In their PIR, the service told us how they were planning to improve the service further in this domain, for example by providing further training for staff in end of life care.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to people's needs. People told us they did not always have positive experiences when contacting the office with queries or concerns. Feedback was varied. Some people gave examples of concerns they'd discussed with office staff and were satisfied with the outcome. One person commented "communication from office has always been good". However, other people clearly had concerns about the responsiveness of staff. Comments included "office staff do not care and show no understanding, I hate talking to them so I just email now" and "communication is poor, we are fed up with them not covering, the package is paid for!! It is now impacting on (service user name) and makes him anxious as he likes to know who is coming". This variation in feedback was reflected in the feedback we received from professionals. One professional told us they would meet with managers to agree a response but that "they need chasing/prompting to complete in a timely manner." Another professional commented on the positive working relationship they had with the agency.

The registered manager showed us their systems for registering and responding to complaints. These were all logged and recorded on a computer system and relevant documents uploaded and stored so there was a record of how the complaint had been responded to. We saw examples of people's complaints where a clear written response had been given. However, not all people and professionals involved with the service had confidence that their concerns or queries would be responded to and acted upon. This was an area of the service that required improvement.

There was a contact number for people to use out of hours, which covered evening and weekends. Both people using the service and staff knew house to access this support if they needed it and told us it worked well.

People had clear, person centred support plans in place. These were reviewed regularly so they were reflective of people current needs. One of the lead nurses told us how they met with people and their families on a regular basis in their homes to check that they were happy with their care plan and that it continued to work well for them. People commented "Care plans are logged brilliantly" and "care plan is always written as it should be, paperwork is always good". Care plans covered a range of people's needs, including communication, nutrition, behaviour and medicines. Clear guidance was given about the best ways to support people. For example, in one plan we read that when communicating with the person, simple language and short sentences were required. The nurse told us how standard forms were used to record plans on but these could be adapted to individual preferences. For example, one child who used the service wanted their timetable of activities personalised with a particular tv series they enjoyed.

People's support files contained 'personal profiles' which summarised people's needs and preferences in relation to their care. For example whether they preferred male or female care staff and any medical conditions they had been diagnosed with. There were also documents describing people's preferred routines, which helped them provide a personalised service.

People were positive about individual care staff and how well they met people's needs. Comments included

" They engage with my son very well, they support his personal needs with dignity and are so natural around him, makes him at ease" and " Regular carers we are very pleased with they are kind and trustworthy, we have a great relationship and they show care and respect when washing him"

Requires Improvement

Is the service well-led?

Our findings

The registered manager for the service was due to go on long term leave shortly following our inspection. A manager was in place to cover this leave and was in place at the time of our visit. The new manager told us they would be meeting people using the service on an individual basis to introduce themselves and listen to any difficulties they might be facing.

The service was well led in some aspects. Where care packages were working well and there were enough staff available with the right skills to be able to cover all the calls, people were happy with the service they received and had good relationships with staff. However, the core difficulty with recruiting enough staff had caused a number of people to experience distress due to the service not being able to meet their responsibilities in providing care. We were told that no new packages of care would be agreed to unless the service could be sure of being able to manage them. However the process of managing and agreeing new packages of care had not been managed well historically and this had led to the difficulties the service currently faced. Although the current management team had ideas about how to improve this, at the time of our inspection improvement had not yet been embedded. Overall the provider had not taken action quickly enough to mitigate the risks of not having sufficient number of staff.

This was a breach of regulation 17 2 (b) of the Health and Social Care Act 2008 (regulated activities) regulation 2014.

Feedback from staff about the support they received was in the main positive; one member of staff described the support they received as 'brilliant'. However we did hear from others that some of the working conditions for staff caused them some anxiety. For example, staff told us they were charged £50 if they cancelled one of their shifts within 24 hours. Staff said this put them under pressure.

There were systems in place to manage the quality and safety of the service. This included regular audit of the medicines administration process. Care plans were also audited regularly; the audit looked at areas such as whether assessments were up to date and whether care notes were written to the expected standard. There was a clinical governance team within the organisation which was made up of registered nurses, and a full time quality assurance manager. This helped maintain good clinical standards within the organisation.

The service sought feedback from the people and families they supported to help identify areas for improvement. We read some of the comments people made and these reflected how people were happy with individual care staff but had frustrations about the staffing situation. Comments included "(name of service user) has bonded so well with (staff name)"; another person said "about time we had regular staff".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not taken action promptly enough to mitigate the risks of not having sufficient numbers of staff. Regulation 17 2 (b) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not a sufficient number of suitably qualified staff to meet the demands of care packages. Regulation 18 (1) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.