Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Southampton)

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

People's relatives, commissioners and staff told us that there were not sufficient numbers of staff in place. This had resulted in the provider being unable to fulfil all the hours of care that it had been commissioned. People's families told us staffing levels meant that they were sometimes left without care, particularly when main staff were absent. This meant that families were required to cover care call in staff's absence. The registered manager had recognised that staffing levels were an issue and had informed commissioners where they were struggling to cover care calls.

The registered manager had identified actions to take to improve staffing levels. The provider needed more time to demonstrate these improvements were effective and sustainable.
People's relatives told us there had been frequent changes in the management, which had a negative impact on the quality and consistency of the service. Relatives told us that communication from the provider required improvement and that they were often unaware of who to contact to discuss their family members care. The registered manager was addressing these issues and was in the process of recruiting additional office based staff.

The registered manager was committed to their role and understood the key challenges to improve the quality of the service. They started working for the provider in 2018 and had implemented improvements in care planning, reporting of safeguarding and staff training. The changes made in these areas had been effective and sustained.

The registered manager had auditing and monitoring systems in place to assess the quality of key aspects of the service. Senior management from the provider had oversight of the service through regular reports and meetings with the registered manager.

Staff had access to training relevant to their role, including specific training to meet people's individual needs. The provider had systems in place to support staff and assess their competence in their role. The provider had robust recruitment policies and procedures in place to help ensure only suitable candidates were employed.

People's relatives were involved in developing and reviewing people's care plans. Where people had complex medical conditions, input from other professionals was also incorporated into plans of care. The provider had a team of clinical staff who oversaw the writing and review of care plans and guidance. People had access to healthcare services as required.

People's care plans included details about their routines, preferences and communication needs. There were systems in place to help ensure the service ran safely outside of office hours.

Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies

and systems in the service supported this practice.

People were supported appropriately with their medicines and there was guidance in place to mitigate the risks associated with people's health and medical conditions. People's nutritional needs and preferences were identified in their care plans and where people required specialist techniques to gain nutrition, staff had relevant guidance and training in place.

Staff were knowledgeable about the people they cared for and relatives told us that their permanent members of staff were kind, reliable and treated their family members with dignity and respect. People were given a choice about their staffing and the provider had systems to ensure only suitable staff were allocated to work with people.

There were systems to ensure people's concerns and complaints were dealt with appropriately. The registered manager listened to feedback from people to identify where they needed to make changes. Relatives told us that historically the provider had not always acted responsively to their concerns, but told us the registered manager had made some improvements in this area.

The provider had policies to help safeguard people from avoidable abuse and harm. Where concerns were raised, the registered manager understood their responsibilities in reporting to local safeguarding teams. The provider had policies in place which detailed how staff could raise concerns, which including external organisations they could contact if required.

The provider had policies and procedures to protect people from the spread of infections.

No-one using the service was receiving end of life care at the time of inspection.

We found one breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not sufficient numbers of staff in place to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

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 required improvement.

There were not sufficient staff in place to meet people's needs. The provider was unable to fulfil all the care hours which they were commissioned to provide.

There were policies in place to protect people from abuse and harm and risks associated with people's health and medical conditions were mitigated.

There were systems in place to reduce the risk of infections spreading.

There were systems in place to analyse incidents and accidents.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service had not been consistently well led.

The frequent changes in leadership had a negative effect on communication and the effective running of the service.

The registered manager carried out audits to help assess the quality of care and had made improvements to the quality of the service in relation to training, the reporting of safeguarding and care planning.

The registered manager sought feedback from people to make improvements.

The provider worked with other stakeholders when issues arose to help work towards continuity and consistency in care arrangements.	

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Detailed findings

Background to this inspection

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

The inspection activity started on 13 December 2018 and ended on 02 January 2019. It included visiting the office location on 13 December and 02 January 2019 to see the registered manager; and to review care records and policies and procedures. On 20, 21 and 28 December 2018, we spoke with six relatives of people who used the service via telephone and six staff. During the inspection, we spoke with two commissioners and one social worker who had recent experience working with the provider. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at care plans and associated records for four people and records relating to the management of the service. These included three staff recruitment files, accidents and incidents, quality assurance records and the computer based rota management system. We looked at key policies developed by the provider.

The service was last inspected in June 2016 where the service was rated good.

Requires Improvement

Is the service safe?

Our findings

Relatives, commissioners and staff unanimously told us that there were not enough staff in place to meet people's needs. This resulted in some care calls being uncovered and a lack of robust contingency to ensure continuity of care when main staff were absent. People's care hours were commissioned through Clinical Commissioning Groups (CCG) and were based around providing support to people and their families in their own homes. Care hours were a mixture between day and night hours.

Comments from relatives regarding staffing included, "I am not happy with the service. In over a year we have never had a full staff team and have to do night shifts ourselves. This has had a big effect on our family", "When they cannot find staff, I end up doing it myself. I think they just think I can cope, but when you have to be up at night it is hard to function the next day" and, "They are clearly struggling to find staff. This has been going on for over a year." A commissioner told us the shortage of suitable staff had, "Led to a number of home care packages being uncovered." A member of staff told us about frequent occasions where the provider was unable to fulfil all the care hours commissioned to them. They told us, "I get so frustrated that there are always shifts uncovered. It is hard on the families."

Relatives told us there was little contingency in place to ensure continuity of care when regular staff were absent. One relative told us, "Newcross are struggling to find staff to cover shifts. There is no contingency plan." Another relative said, "The office staff are not all trained in care and do not offer to come out to cover when there is sickness." A commissioner raised concerns that, "The entire care package relies on only one carer. This is unstable in that only one carer is employed and competent to work with this complex child." A member of staff commented, "There is no contingency plan in place. When I am on holiday, Mum and Dad have to do the care themselves."

We looked at records of care calls the provider was unable to cover between July and December 2018. We found that the provider had fulfilled all care planned for three people. For seven other people, there were 64 instances where a planned care call did not take place. 47 of these instances were for overnight care, whilst 17 were care visits during the daytime. The records for two other people demonstrated that the provider had contacted commissioners to inform them they were unable to fully staff people's care packages. The provider had agreed to stay on in the interim until commissioners could find an alternative provider. The registered manager kept a log of all the care calls they were unable to fulfil. This included investigations into the reasons these could not be completed. In some cases, care calls were rearranged or alternative staff were offered but not accepted by relatives as they had not previously worked with their family members.

The registered manager had identified some actions required to improve staffing levels and contingency planning when main staff were absent. These actions included, the recruitment of new staff, ensuring office staff had the necessary training to cover care calls in an emergency and training a specific number of staff to have the specialist skills to work across many care packages. At the time of inspections, these measures had not been fully implemented and therefore their effectiveness in improving staffing levels could not be judged. The provider needed more time to demonstrate these improvements had become embedded and were sustainable.

The registered manager had also been in contact with commissioners to make them aware of ongoing staffing issues. In some cases, people's care had transferred to other providers, in other cases commissioners were seeking other providers to work with the Newcross Healthcare Solutions Southampton to share the responsibility of providing care.

The failure to ensure there were sufficient numbers of suitable staff in place to meet people's needs was a was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager reflected on incidents and issues to identify where they could make improvements. The registered manager kept a written record of all care visits the provider was unable to fulfil. They investigated the reasons for these occurrences and contacted relevant commissioning bodies to make them aware when incidents occurred. From this analysis they identified where additional staffing was needed and where specific staff required additional training and support. A commissioner told us, "My experience in raising concerns with Newcross has been that they have responded with a willingness to learn and develop."

The provider had robust recruitment processes in place. Staff underwent appropriate recruitment checks to help determine they were of good character and had sufficient experience. These checks included, details of work history and references from previous employers. Staff also had a check with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were systems in place to protect people from the risk of infections spreading. Staff were given disposable gloves and aprons to wear when supporting people with their personal care.

There were policies and procedures in place to help safeguard people from the risk of abuse and harm. The provider's policy had been written in line with guidance from the local authority. The registered manager was familiar with procedures for reporting concerns to the local authorities and had made appropriate referrals in these cases.

There were systems in place to help people manage their medicines safely. The support people required with their medicines was documented in their care plans. Where some people required their medicines administered via specialist techniques, guidance and staff training was in place to help ensure protocols were followed in line with medical professional's recommendations.

Risks associated with people's health conditions were assessed and mitigated. Many people who used the service had very complex needs. The management of these needs involved the use of specialist equipment such as ventilators and suction machines to help people with their breathing. Where this equipment was in use, the provider ensured very clear guidance and training was in place for staff in the use and maintenance of this equipment. The provider had developed specific guidance written by their clinical nursing team to enable staff to monitor people's health. This guidance was written in conjunction with medical professionals, which helped to ensure that risks to people's health and wellbeing were mitigated.

Good

Is the service effective?

Our findings

Relatives and professionals told us that staff were competent in their role. One relative said, "The permanent member of staff I have is very knowledgeable." A commissioner commented that "[This person's staff member] is skilled and knows the patient well."

Staff received training which was suitable for their role. Staff had received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies for staff working in care settings. The registered manager had arranged for staff's ongoing training needs to be met through a mixture of online/DVD based training and practical sessions.

Staff received additional training in the management of people's specific health conditions. This included the use of ventilators, oral suction machines and monitoring of tracheostomies. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help people breathe. Staff praised the level of training they received from the provider. One member of staff said, "The training I received was very good. I got everything that I needed and feel confident in my role."

The registered manager assessed and monitored staff's working performance. This included regular observations of their working practice to help ensure staff were competent in their role. This helped the registered manager identify when staff required additional training or support. One member of staff said, "The office often come out to make sure you are doing things the right way. They have nurses too, so really know what they are talking about."

The provider sought to obtain appropriate consent to care. Where some people required support to consent to decisions about their care, the provider ensured that these people could have guidance from advocates, parents or legal guardians. The provider took time to go through care plans with people's representatives to ensure they understood what they were consenting to and that they had a choice about their care arrangements. These actions were in line with the Mental Capacity Act 2005.

The registered manager assessed people's needs prior to care visits commencing to ensure they received appropriate care. They used a range of assessment tools to determine people's needs. These included reviewing assessments from social workers and health professionals. The provider also completed an assessment tool which comprehensively covered people's health and wellbeing needs. The provider had a team of nurses to write and develop care plans. This helped to ensure that staff had the correct support and guidance in place to provide effective care.

The provider worked with other professionals across different organisations to provide effective care. The registered manager made referrals to appropriate health professionals when their input was required. This included paediatric nurses and physiotherapists. The provider had a clinical lead in place who oversaw the implementation of professional's recommendations into people's care plans. This helped to ensure that people had effective care interventions to help manage their health.

Risks to people with complex needs in relation to their eating and drinking were assessed and mitigated. Some people required assistance with eating through specialist methods, for example, through percutaneous endoscopic gastrostomy (PEG), which is a tube that allows food and medicines to be given directly into the stomach. Guidance around people's nutrition in these cases was developed with dieticians. People had a nutritional risk assessment in place, which clearly detailed their nutritional needs and how staff could meet them.

Staff had the skills and guidance in place to monitor changes in people's health and wellbeing. Some people's care involved monitoring their complex health conditions and taking effective action in the event their health changed or in an emergency. There were systems in place to ensure staff received appropriate training and had their competency assessed before they worked with people with complex health needs.

Good

Is the service caring?

Our findings

Staff were knowledgeable about people's needs. A commissioner told us, "The current carer within the care package is an expert with this child and raises concerns and issues in a way that seek to put this patient first." Staff we spoke to were able to talk in depth about people's care needs and had a sound knowledge of their role and how to carry their duties out safely. One member of staff said, "After working with [person] for so long, I have grown to understand them and how best to care for them."

Staff showed concern for people's wellbeing in a caring and meaningful way. Some staff we spoke to had worked with people for a long time and were very dedicated to their care. One relative said, "[Staff member] has been with us a while now and they have been tremendously accommodating in changing their schedule to help." Staff told us how they worked with families to cover additional care visits when possible and relatives confirmed that staff were flexible and accommodating to their family members changing needs.

Staff treated people with dignity and respect. Relatives told us that their permanent staff were respectful of their home and treated their family members with respect. Three relatives told us of previous issues with staff members who they felt were not respectful in carrying out their duties professionally. They told us the provider took appropriate action to investigate these issues and remove people from their family members care team.

People's families were consulted about the care their relatives received. Many people had ongoing input from a range of healthcare professionals who would meet with families and the provider to review their relatives care arrangements. People's families confirmed they were consulted about their relative's care plans, helping to document people's preferences around their personal care routines. This helped to ensure that people's input into care planning was considered.

People and their families were given a choice about their staff. Relatives told us that the provider listened to them when they expressed preferences about staff, including when they had concerns. One relative said, "We have raised concerns about a few staff and they were removed right away." The registered manager confirmed that they were committed to honouring people's wishes around choice of staffing. There were systems in place to ensure that only preferred staff were allocated to people's care visits. This helped to ensure that people had the choice of staff they wished for.

There were systems in place to ensure people's confidentiality was protected. The registered manager ensured that all care documentation was stored in locked cabinets in the provider's office. They ensured that there was no identifiable information on display in the office that contained people's personal details. This helped to ensure that people's personal data was stored securely

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were polices to ensure

people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. The registered manager had a good knowledge, promoting equality and diversity and had incorporated these considerations into their assessment processes. They were able to give examples of where adjustments were made in relation to people's specific needs and beliefs when delivering care and support.

Good

Is the service responsive?

Our findings

Where people had very complex needs, care plans detailed background information about their medical conditions and the steps staff needed to take to safely manage these risks. This included reference information about people's conditions, which helped to give staff knowledge about people's health. Where people required specific checks or equipment to monitor and manage their medical conditions, care plans were concise and gave very specific instructions in their safe use, including the action staff were required to take in an emergency. This helped to give staff a very clear understanding of what was required when caring for people.

People's care plans included details about their behaviour and preferred routines. This included how people would like to receive their personal care and the routines staff needed to follow to make people feel comfortable and safe.

The registered manager told us that since starting at the service, they had overseen a review of people's care plans to ensure they contained detailed and accurate guidance for staff to follow. This process was overseen by the registered manager and the provider's clinical lead. It involved ensuring all guidance and procedures around specialist equipment and monitoring of people's health was in line with best practice and medical professionals recommendations.

People's communication needs were documented in their care plans. Some people were unable to communicate their needs verbally due to age or ability. In these cases, there were comprehensive communication care plans in place. These detailed the ways in which people communicated pain, happiness and other emotions. One person's communication plan detailed how they used different body language to demonstrate how they were feeling. Guidance for staff included how they should respond to these nonverbal cues and whether these may indicate a change in the person's health.

People's sensory needs were assessed and documented in their care plans. Where needs were identified, specific plans were in place to ensure these needs were met. These needs included making adjustments in relation to people's sight and hearing in how staff communicated information people.

The provider had systems in place to ensure staff had access to information and support outside of office hours. There was a telephone based 'on call' service which was operated by the provider, which families or staff could call for support when the providers office was closed. The registered manager had written a comprehensive handover document which on call staff could reference. This document was stored electronically and included key information about people's medical needs, care arrangements and staffing. This helped to ensure that on call staff were responsive to people's needs when required.

The provider had appropriate systems in place to respond to complaints. The provider had a complaints policy in place which detailed how to make a complaint and the responsibilities of the provider when investigating concerns. The registered manager kept an electronic log of all formal and informal complaints. This electronic log detailed the nature of the concern and the actions that had been taken in response. This

electronic record was monitored by the provider's senior management to help ensure all complaints were handled in line with the provider's policy. People's relatives told us that historically they did not always feel previous management listened or acted on their complaints. However, four relatives told us that there had been improvements in this area since the registered manager started in their role.

The provider was not currently providing end of life support to people at the service. The registered manager told us they would make provision for people's care arrangements if the situation arose.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had recently registered with CQC to manage the service after starting working with the provider earlier in 2018. The registered manager also managed one the provider's other locations and divided their working time between the two offices.

People's relatives told us the frequent changes in office staff had left them unclear about the management structure in place and they felt the service was disorganised. Comments included, "There have been so many changes in management. I have no idea who is working in the office or who I am meant to talk to.", "Office staff seems to be leaving all the time. There was a coordinator there up until recently, but I have no idea what happened to them." and, "Staff turnaround in the office is ridiculous. You don't know whether you are coming or going. [Office staff member] is about to leave, so we have to start all over again." Relatives told us they felt let down by the provider as they had not received a consistently good quality of service.

Staff also told us that frequent changes in office staff had a negative effect on the consistency and quality of the service. Staff comments included, "It seems really disorganised.", "There have been so many changes in office staff, it's disappointing when another one leaves" and, "You can't dispute they have experienced staff shortages in both care and the office."

The registered manager acknowledged that changes to office staff had caused disruption to the smooth running of the service. At the time of inspection, they were in the process of recruiting two staff for vacant office based positions. The registered manager had identified an experienced member of staff to help with the induction and mentoring of new office staff once recruited. They told us this would help ensure they would receive an effective induction into their role. The registered manager also confirmed they would ensure relatives and commissioners were contacted once new staff were in place. This would help ensure they were aware of the management structure in place.

People's relatives told us that communication from the provider required improvement. One relative said, "Their communication is very poor." A second relative reflected, "The communication leaves a lot to be desired." Relatives told us they had experienced difficulties in communication when co-ordinating their family members care. One relative said, "Most of the time I just end up working out shifts with the staff themselves as it is easier than going through the office." Another relative commented, "No-one ever phones [from the provider] and I have not received a rota [of planned care calls] in months." A third relative told us, "I only ever get a rota after having to keep asking for it." Relatives also felt that the provider was not always proactive in informing them about changes to their care. One relative said, "They need to give more notice if they can't cover. They call at 5 pm to say no-one is coming (for an overnight shift). It's like they leave it until the last minute to tell me."

The registered manager had recognised that effective communication with relatives was an area which required developing. They had implemented improvements to document all communications to help ensure the provider could track when messages were passed. Commissioners commented that communication had improved since the registered manager had started working at the service. One commissioner observed, "Newcross has reported concerns quickly and appropriately and communication has improved [since the registered manager started].

The registered manager had established systems to monitor the quality and safety of the service. They had implemented systems to monitor staff training, competence and ongoing staff development. This helped to ensure that staff had the appropriate skills and support in their role. People's medicines records were audited monthly to identify recording and administration errors. The registered manager had taken steps to provide staff with additional training and support when errors were identified. This helped to support improvements in the quality and accuracy of medicines administration recording.

The registered manager was committed in their role and focussed on making improvements to the quality and safety of the service. Since starting in their role, they had implemented effective systems to improve quality in some aspects of the service. These areas included, improvements to people's care plans to ensure they were personalised, staff training and competency assessments and the reporting of incidents and safeguarding to the local authority.

The registered manager held regular staff meetings for office staff where key challenges were discussed and progress on improvements was reviewed. In a recent staff meeting in December 2018, the registered manager updated office staff about recruitment needs and staff who were in the process of being recruited to work with people. This helped to ensure that office staff understood how improvements were being implemented and progressing.

The registered manager attended a monthly clinical governance briefing organised by the provider. This meeting comprised of senior members of the provider's management, clinical staff and other managers from the provider's other locations. These meetings reviewed key themes of quality and safety which had been highlighted through feedback from local authorities and best practice updates from bodies such as CQC. This also helped to ensure the provider's senior management had an effective overview of how the service was performing.

The provider had a team of clinically trained staff including nurses who had specific qualifications and experience working with children. The registered manager also had a nursing background. This meant that the provider had a network of support and knowledge to call upon to support to effective management of people with very complex health needs. Nursing staff were available to provide staff training, write care plans, attend assessments, reviews and observe staff's working practice. Nursing staff liaised with external healthcare professionals to help ensure their recommendations were implemented into people's care plans.

The registered manager was committed to working with other stakeholders to promote positive outcomes for people. They had established good links with commissioners to work in partnership considering ongoing staffing issues. The registered manager had identified where staffing levels were unsustainable in some care packages and had worked with commissioners to find alternative provider's. However, where people had very complex needs, alternative providers who could meet people's needs were not always immediately available. During these transitions, the registered manager ensured that existing staff were available, often agreeing to extend timeframes of care provisions to help ensure ongoing care was available to people.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have sufficient numbers of staff in place to meet people's needs.