

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Torquay)

Inspection report

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Ratings

| | |
|---------------------------------|---------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Outstanding ☆ |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Newcross Healthcare Solutions Limited (Torquay) is a domiciliary care service which provides complex care and support to people of all ages in their own homes. The service provides help with people's complex care and personal care needs in Torbay and parts of Newton Abbott. At the time of the inspection 17 people were receiving support with personal care needs.

A registered manager was employed to manage the service locally. 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.

People and their relatives described staff as extremely caring and going the extra mile to help ensure their wellbeing was maintained. Relatives (particularly parents) of people who used the service described how staff forming strong bonds with their loved ones and understanding their needs helped them trust staff to provide care. Comments included, "The most positive thing is the bond of trust because I've seen how the carers interact with my daughter and how loving they are."

The registered manager explained the ethos of the organisation was to treat people as individuals. It was clear from the way staff spoke about people they supported that they had adopted this in their way of working. Staff told us they valued their relationships with people and spoke in a way that showed they cared deeply for them. Comments included, "I work with [...] and they're just a delight. Everybody loves her!" and "I love my job. I enjoy going in to see people. I work with children. It's a privilege to see people growing up"

Staff took time to understand and learn people's individual communication methods and used these to help ensure people were able to express their views and fulfil their potential by offering personalised support. Where people could not express their views easily, staff acted as their advocates. A staff member explained, "For people who can't speak for themselves, we're their voice."

People told us they felt safe using the service. Comments from relatives included, "The best thing is the security. I feel secure that when I leave here I know that my girl is as safe as she can be." Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. The recruitment process of new staff was robust and people who used the service met new staff to check they would be happy to receive care from them.

There was a positive culture within the service. Staff told us they enjoyed working for Newcross and received all the support they needed to carry out their roles effectively. Staff training was updated regularly and included mandatory training as well as specific training to meet people's needs. People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "The carers are very well trained, very responsible, helpful and friendly."

Staff had received training in the Mental Capacity Act 2005 and ensured they gained consent before providing care to people. Staff also ensured people were given choice and control over their lives and gave people explanations about care being delivered. People's individual communication methods had been learned by staff to help ensure people's opinions were heard and respected.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. The registered manager also told us the providers were very involved with the organisation and maintaining the quality of the service.

The manager and staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. Information from feedback and audits were used to aid learning and drive improvement across the service and the organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and were confident asking for advice or further information.

Staff had a good understanding of the Mental Capacity Act and promoted choice and control whenever possible.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People and their relatives were overwhelmingly positive about the things staff did to show they cared.

Staff were kind and compassionate and built strong relationships based on trust with people and their relatives.

Staff had a deep respect for people's privacy and dignity and advocated on people's behalf if improvements could be made.

People's individual communication methods were known and respected by staff. This helped ensure people were able to be

involved in decisions that affected them.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Newcross Healthcare Solutions Limited (Torquay)

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 took place on 5 and 9 January 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was made up of two inspectors and an expert by experience who contacted people and relatives by phone. 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 the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

Most of the people receiving the service were not able to verbally communicate their views. During the inspection we met one person who was visiting the office and contacted one person and five relatives by phone. We also spoke with five staff members.

We reviewed three people's records in detail, three personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included the records held within the service to show how the registered manager

reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

After the inspection we sought the views of a number of professionals who know the service well. We spoke with one health and social care professionals. This was a service commissioner.

Is the service safe?

Our findings

Relatives told us they felt able to trust staff to keep their family member safe. Comments included, "I can go to bed and not worry. My night carer is always on the alert. She keeps on top of things" and "The best thing is the security. I feel secure that when I leave here I know that my girl is as safe as she can be." One member of staff commented, "I can always phone up for advice if I don't feel things are safe. They always deal with it" and a relative confirmed, "The carers have the right skills but on top of that they have got common sense to ask if they are not sure about anything."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. The PIR stated, "All our staff are subject to rigorous checks." Records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. The registered manager explained, "After potential staff have been interviewed, they are assessed based on their skills and experience as to what field they can cover and will only be booked to support clients with those needs."

People and their family members met prospective staff members before receiving support from them. A staff member confirmed, "We always do a meet and greet for a few hours before we start." This helped ensure people and their relatives were comfortable with the staff members provided, before being supported by them. One relative confirmed, "The staff member came to the house to meet the family and my son before she began."

There were sufficient numbers of staff available to keep people safe. As far as possible, people had a designated team of staff who supported their needs. This helped ensure staff knew people well and had an in depth understanding of how to keep them safe. People confirmed the correct number of staff always attended calls and for the allocated time. For example, if two members of staff were needed to support someone to move, two always attended. Staff members told us they were not aware of any people having missed calls and one staff member explained, "If I was going to be late, I would contact our central support and ask them to alert the client." A person confirmed, "If the carers are going to be late because of traffic problems they always ring the agency. They contact us immediately. I can't fault them."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. A staff member explained, "One person is at risk of falls so their home is kept clear of anything they could trip over." A person we spoke with confirmed, "I trust them and feel safe with them. They

know me well enough so that if I need some assistance they are standing there ready."

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. The PIR stated, "Systems are in place that create risk assessments to manage risks and allow service users to enjoy the activities that are important to them and maintain that rhythm of life." One staff member explained, "All the clients are risk assessed and it's all there for you to read." They described one person they supported who had severe allergies to certain food. This information was recorded for staff and displayed in the person's house too. They added, "We have to be careful that what we eat too to make sure it doesn't affect them."

Where people had behaviour that may challenge the staff, there was clear information for staff regarding the safest, most effective way to support the person at this time. One staff member explained, "[...]s school have a care plan about how they manage behaviour and we all try to follow it too so we're consistent." The staff member added, "I've had training on challenging behaviour too. It was important to learn that sometimes it's best to step away. We try to distract and deflect people's attention too."

Some people required assistance from staff to take their medicines. This was mainly managed safely. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines; and staff who administered medicines had received up to date training. Staff competency to continue to do this safely was also checked. One staff member told us, "My medicines training was updated in December. It was a full course and then I will have an update next year. I have a medicines competency assessment completed too every six to twelve months."

Medicines administration records (MAR) were kept in the person's home and these were checked regularly by staff and management to ensure they were accurate. The registered manager told us, "We've done a lot of work on efficient monitoring of MAR. The clinical excellence team sign off each completed MAR." They explained, "Staff document on the MAR, if the family administer any medicines for people." However, we noted one person's MARs for December 2016 had gaps throughout so it was not clear whether medicines had been administered or not. Staff explained the person's family members often administered the person's medicines. However, the person's care plan did not contain this detail. The registered manager told us they would ensure the care plan was updated as soon as possible. They would also ensure the MARs were an accurate representation of the medicines given by the staff.

One person had a protocol in place detailing medicine they required in an emergency. Staff members explained they would only administer the medicines themselves under guidance from medical professionals. This was not clear from the detail included in the protocol. The staff member responsible told us they would contact relevant health professionals immediately to clarify the information for staff.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. Comments included, "The carers are very well trained, very responsible, helpful and friendly." Compliments received by the service stated, "[...] wanted to let us know staff are all very good and a particular staff member had been outstanding" and "Thank you for all your help and services. Your staff are marvellous."

New members of staff completed a thorough induction programme, which included being taken through key policies and procedures and training to develop their knowledge and skills. The PIR added, "We are now implementing more training in line with the new Care Certificate." The Care Certificate is a national training programme brought in to support all staff new to care obtain a basic level of understanding of good care standards. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. One staff member told us, "I always shadowed a nurse and was signed off by two different nurses. It's a lot to go through, but it's worth it at the end." One person confirmed, "The training that the carers have gone through is thorough. They are checked regularly by the nurses. They are very good at what they do."

On-going training was planned to support staffs' continued learning and was updated when required. Staff told us they had the training and skills they needed to meet people's needs. One staff member explained, "We discuss training at supervisions. You can never have too much training as things are always changing"; And staff feedback received from a staff survey commented, "Newcross have excellent training." Training included core training required by the service as well as specific training to meet people's individual needs. One person explained they felt staff had the right skills and knowledge to support them. Staff confirmed, "You need to be trained specifically for the person's needs before you go on the visit; and you shadow too", "They'd never put you on a visit you weren't trained for" and "We've even had training from specialists at short notice when necessary, to make sure we can support people's needs." However, during the inspection, the registered manager could not easily locate the training dates of some staff's training. Information sent to CQC following the inspection identified that some staff members had not received training as required by the care plan of the person they were supporting. No impact had been identified on people being supported. The registered manager arranged for these staff members to attend training immediately and for a senior staff member to carry out a review of staff training and competency assessments.

Staff we spoke with were working towards qualifications appropriate to their role and had the opportunity to develop skills in areas of interest. One staff member told us, "I love it. I love the packages you get the opportunity to work on. You get the opportunity to progress and have more training. The packages are challenging due to the complex care we provide." The registered manager confirmed, "The training we have in the branch is fantastic, especially for career progression."

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff members explained, "It's nice just to talk to and have a catch up so the managers

know what's going on" and "We have supervisions and observations and competency assessments. It keeps us on the ball and up to date."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received training and understood their responsibility under the MCA. No-one, at the time of the inspection, was assessed as lacking capacity.

One person told us staff always asked for their consent before commencing any care tasks. This included administering medicines and personal care. They explained, "The carers always ask if I want my medication. They always check."

People were supported to eat and drink enough to maintain their health, records were kept where necessary and concerns about people's weight was highlighted and referred to a healthcare professional if necessary. Staff were required to monitor the fluid intake of some people and these records were completed fully. However, there was no information for staff regarding how much the person should ideally be drinking. This meant staff might not know when to seek advice if the person was not drinking enough. The registered manager told us they would ensure this was added as soon as possible.

People's care plans included details about their healthcare needs and how staff could support people to maintain their health. They also described signs and signals that people maybe becoming unwell and what actions staff were to take in these circumstances. However, one person's care plan identified actions staff members should take but did not explain how long staff members should wait before seeking medical advice. The registered manager told us they would ensure this information was added.

Is the service caring?

Our findings

People and their relatives described staff as being extremely caring. A compliment received by the service stated, "[...] is overwhelmed with everyone's caring nature." Relatives told us, "They love my daughter to bits. I cannot say enough about them. They are absolutely marvellous. I don't know what I'd do without them" and "I am absolutely delighted with the care. At night the carer is awesome. She always arrives early. She has created a real bond with my daughter. She is very caring, clean, tidy and very attentive. There are so many good things."

The registered manager told us, "For Newcross, you're not just a number, you're a person." This ethos was reflected in the way staff spoke about people they cared for and in the feedback we received about the way staff treated people.

Relatives described how their family members were very well cared for by staff who had built strong relationships with them. They explained how important it had been for them to be able to trust the staff and the service. Comments we received reflected this and included, "The most positive thing is the bond of trust because I've seen how the carers interact with my daughter and how loving they are", "I feel confident in the carer. She seems quite knowledgeable. She just gets it. She knows what she's doing with my son. I am really worried to leave him with anyone but she genuinely cares", "I wasn't sure if I wanted the support, but my son has gelled with the carer really well."

People were treated as individuals and staff looked for ways to fulfil each person's potential. A staff member told us how the bond they had built with one person had enabled the person to experience more things and develop their interests. They explained, "[...]s life has changed since Newcross started providing support. They didn't used to like being touched but now they really enjoy massages, face packs and showers. They just love it. We've gained their trust and they're amazing. They're incredible. They never used to get dressed but we encouraged them to put clothes on and go out and now they love clothes shopping! It's been a learning curve for them and us."

Staff spoke about people with a deep affection. For example, one staff member told us, "I work with [...] and they're just a delight. Everybody loves her!" Other staff members told us, "I love my job. I enjoy going in to see people. I work with children. It's a privilege to see people growing up" and "You care for the clients, it's like having a family member. You want the best for them." Feedback received by the service from a staff survey included, "From my experience the care given by all the carers I work with is amazing."

Staff demonstrated the desire to always go the extra mile to meet people's needs. A relative explained, "They take their responsibility seriously. I get the feeling that they put themselves out to help you." One person explained staff had gone above and beyond their normal responsibilities to help ensure the person felt cared for. They told us, "When I had to go to hospital, the carers came with me. They were told to leave because they weren't being paid but they stayed on for free. They are very good"; and a relative added, "When [my daughter] was hospitalised, the carer came in her own time to sit with her."

People were treated with kindness and compassion by staff. We observed staff interact with one person in a caring and supportive manner. Relatives consistently described the value of staff interaction with their loved ones. Comments included, "The carers show their kindness in their interaction with my mother. They talk to Mum. They are very friendly with her. They look at photos with her", "My sister really likes the carer's sense of humour. She has a bit of a giggle. My sister can communicate non-verbally. The carers communicate well with my sister. She likes them all", "The carer is gentle and caring" and "My son can't respond but I love it when the carer talks to him."

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. A relative explained, "At night, I know that if my son is awake his carer holds his hand and massages it. I just know she's genuinely concerned when he is poorly."

Staff knew people's individual communication skills, abilities and preferences; and used them to help ensure people could express their views. One staff member explained, "One person we support has a list of all the words they use on their bedroom wall. We use it to make sure they get what they want." Another staff member told us, "[...] signs and we've all learnt the signs they use from their family. It takes a while to learn these but there's always a staff member there that knows them." One person confirmed they felt listened to and a relative added, "We have a very open relationship with the night worker, so we can talk about anything on our mind. She comes back with useful feedback."

People were supported by staff who would advocate for them if they were unhappy anything. One staff member told us, "If [...] wasn't happy, we'd know because of their body language. We'd ask what was wrong and work it out." Another staff member added, "For people who can't speak for themselves, we're their voice."

Staff understood the importance of respecting people's privacy and dignity and advocated for people when improvements could be made. One person told us, "When the carers are washing me they are very careful about keeping the rest of me covered". A relative explained staff had spoken to them about the importance of their maintaining their daughter's dignity and privacy. They said, "The carers wanted a curtain over the door to maintain privacy, as the doors had to be taken off for my daughter's wheelchair."

People received care and support from staff who had made an effort to get to know them well. We observed staff members use their knowledge of someone to make them laugh. Staff members told us, "We speak to people and their families about what they used to do and their backgrounds. There's always information about people's backgrounds in people's care plans so you know who they are. It's useful to know". A relative confirmed, "The staff member knows the routine. I don't have to tell her anything. She is like part of the family. There is nothing I could say which would be slightly negative."

People and relatives told us staff were respectful of the fact they were in someone's home, often sharing tasks and responsibilities with people's family. Relatives explained "The most positive thing is the kindness and consideration shown by the carers, and their willingness to include the family in the care in the home" and "I am really happy. The carer fits in with the family really well." Staff explained the importance of maintaining their professionalism and not becoming involved in family life. One staff member told us, "I keep myself as out of the way as possible. I don't get involved in family life. I do what they want and provide what the person needs but it's important to respect their privacy." Another staff member explained, "We have boundaries we know we don't cross."

People were supported to develop or maintain their independence. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they

needed support with. One person's care plan described how supporting them to be involved in domestic tasks and outdoor activities was integral to their sense of wellbeing.

Relatives gave particularly positive feedback about how staff respected the physical environment and helped maintain its cleanliness. Comments included, "The carers put the nappies away, the pyjamas and nightwear are folded and hung up. Nothing is left" and "The carers are conscientious with washing, cleaning the kitchen, hoovering and keeping things tidy."

Is the service responsive?

Our findings

People and relatives told us staff were responsive to people's needs. One person told us, "The staff are very responsive and very helpful"; and relatives explained, "They play with my daughter. They are so careful with her. I can't fault them. They are amazing. They give my daughter lots of attention and they talk to her" and "I am totally happy with the support. The staff are very accommodating and very professional. It has made a big difference."

People's care plans clearly explained how they would like to receive their care, treatment and support. The PIR stated, "Care plans are undertaken by clinically trained staff, completed on site, and are based on the service users wishes and aspirations working collaboratively with all members of that service users care team and advocates. All care plans are approved and signed by the service user or their advocate. From the initial stages of assessment the service user is the key contributor to the care planning. All views are focused around the service user's wishes and aspirations." Relatives confirmed, "Newcross was very meticulous when they first came to put the care plan together. They asked all the right questions" and "With the care plan, Newcross talked to me and spoke at length with the hospital staff when my mother was in hospital." This meant the registered manager could assure themselves the staff had the correct expertise to provide support to people; and also gave staff detailed guidance about how to respond to people's needs.

Information about people's daily routines was documented in detail. One person's routine described when they generally liked to do things but highlighted for staff that this may change at the weekend. A relative told us, "My son's support is all tailored to meet his needs. It has all come from me about what is needed, and how he needs it to be. It's important that if I ask someone to do something that it's done in that way."

The registered manager told us reviews of people's care were completed with them or their family on a regular basis to help ensure care plans and risk assessments remained up to date. One relative confirmed, "We have a lot of reviews and the nurse from Newcross comes on a regular basis to check things are being done properly. They take no chances." However, the reviews were not recorded which meant there was no clear overview of the person's level of satisfaction with the service. The registered manager told us people were always asked whether they were happy with the service and this information would be recorded in the future.

The service was flexible and responded to people's needs as they arose. Some people had support on a 24 hour, seven day per week basis. Other people had set hours during the day or night dependent on their assessed need. People and their relatives told us the staff were flexible and would often provide support in addition to these set arrangements. A healthcare professional told us the service had been particularly flexible around one person's changing needs recently. One person confirmed, "If there is any query about cover, my son gets onto the office and it is sorted as soon as possible"; and a relative told us, "The carers are totally reliable. If I have to go somewhere and I'm late coming home they say 'not a problem'. If a person enjoys the job they will go that little bit further. I can't ask for anymore."

People were empowered to make choices and have as much control as possible. A staff member explained,

"[...] is very involved in everything, their clothes, their perfume, their lipstick, activities, everything. When we update the daily records, we show them to [client] so they can see what we've written." Another staff member told us, "We always give people choice where possible. They've got to have input into their own lives. For example, [...] is capable of making their own decisions. We're not there to tell them what to do." A relative confirmed, "Though my mother can't make many decisions, she is made to feel that she can. The carers help her to choose her clothes and jewellery and they paint her nails, all to improve the quality of her life."

People were supported to follow their interests. Individual preferences were taken into account to provide personalised, meaningful activities. A staff member told us, "[...] loves to watch people and likes to paint our faces, with help. It's usually animals!" They added that the person had recently expressed an interest in going swimming. They explained, "The physio and Newcross staff will be there the first time and they will ensure a care plans and risk assessments are developed from the information gathered."

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time. The registered manager explained, "All complaints are copied to the senior management team and to the quality assurance team. They can then run reports to see if there are consistent complaints within a package or branch." People and relatives told us they had had no complaints with the service. One relative explained, "They are good, caring and sensible carers. I have never had to pick them up on anything. They know I need it right. I don't have any problems. It's a relief."

Is the service well-led?

Our findings

People, relatives and staff told us they thought the service was well led. Comments included, "Newcross seems to be well managed. My experience has been positive. They were recommended to me. They are rated highly", "I think they are well managed. They do the job. They know what they're doing. They are on the right side of everything. The carers are marvellous", "I have met most people from the office. They have all been to my home. I feel I know the team. They have the right expertise", "The office staff are always very supportive, polite and helpful. They are keen to make you feel confident that they have your best interests at heart and that they understand your situation" and "They are amazing, brilliant!" Feedback recorded by the service from an external professional stated, "[Person receiving care] could not have spoken any more highly about you all and expressed how happy she is with everything."

The registered manager took an active role in the running of the service and had good knowledge of the staff and the people receiving the service. They told us, "I've done all the jobs myself so I understand them".

Staff were positive about how the service was run. A staff member confirmed, "The manager is approachable. They've been there and done the job. Sometimes when you've done your job you need to pass things over and we can do that." There were clear lines of responsibility and accountability within the management structure. The registered manager explained, "The owners are very heavily involved and hands on." For example, the provider produced a regular newsletter which celebrated good practice and achievements, as well as describing best practice and highlighting any changes to ways of working

The service inspired staff to provide a quality service and staff spoke about the people they supported in a particularly caring way. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One staff member told us they felt the quality of care provided was down to recruitment practices explaining, "I think the staff they recruit are good people that are kind and caring." The registered manager confirmed part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. New staff members were required to sign a pledge which specified the standards they were required to adhere to.

Staff told us they felt empowered to have a voice and share any concerns or ideas they had. Staff members told us, "I'm confident raising concerns with the manager. There's great support here" and "There's sufficient support here. I have no trouble phoning up the office about anything." Staff meetings were regularly held to provide a forum for open communication. One staff member explained, "We have separate meetings for each support package. We discuss if everything's ok and if any changes are required." This enabled them to focus on the needs of the person and share any information.

The service worked in partnership with key organisations to support care provision. The PIR stated, "We will often work in partnership with the local NHS to deliver bespoke training and ensure appropriate support is given to our care staff." A health care professional who had involvement with the service confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

There was an effective quality assurance system in place to drive continuous improvement within the service. The registered manager told us, "The quality assurance team will pick themes, for example induction records, appraisals or risk assessments. These can often be as a result of an incident and they will feedback any improvements required to improve quality and consistency. We're always trying to improve." They explained that detailed findings plus any action needing to be taken were then shared. For example, a recent clinical excellence bulletin produced by the provider stated, "The Clinical Excellence team are writing an article on good management of falls. The article will provide guidance on the management of falls to all staff, please look out for this as a review of complaints has identified an increase in falls." The PIR added, "Newcross also facilitate a twitter tool to gather the views and opinions of various professionals within healthcare. The most recent discussion was based on medication errors and formed a valuable learning tool for our clinical group." Monthly audits of all branch activities enabled senior managers to have an overview of any outstanding actions to be implemented and ensure these were completed in a timely way.

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The PIR stated, "Newcross also collates feedback to ensure our staff are providing the quality care based on the Newcross values Unsatisfactory feedback is immediately flagged up and actioned locally. Feedback helps up define the shape of our service delivery, identify training needs and gauge the quality of service against our customer expectations."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected and would not hesitate to raise concerns to the registered manager. They were confident the registered manager would act on concerns appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.