Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Truro)

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Newcross Healthcare Solutions (Truro) is registered as a domiciliary care agency that provides personal and nursing care to people in their own homes. At the time of our inspection 28 people were receiving a service. Some people had short visits at key times of the day to help them get up in the morning, go to bed at night and give support with meals. Other people, who had complex nursing needs, received longer visits and overnight or 24 hour care. The service employed care staff and qualified nurses. Newcross Healthcare also operates as a nursing agency and this part of the business is not regulated by CQC as it provides staff to work into regulated services such as care homes and hospitals.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 carried out this inspection on 3 and 5 November 2015. The service was last inspected in December 2013 and was found to be meeting the Regulations.

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People commented, "Good standard of care and good service" and "I have no complaints."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

People were supported to take their medicines by staff who had been appropriately trained. People received care from regular staff who knew them well, and had the knowledge and skills to meet their needs. They told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, comments included, "I have regular staff", "They [staff] don't rush me", "They [staff] are really good" and "Staff are kind to me."

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. A relative told us, "The service completed a very thorough assessment and wrote a very good care plan."

Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes. The service was flexible and responded to people's needs. People told us about how well the service responded if they needed any changes to their hours. For example, the relative of one person told us the service always arranged additional visits when they went away on holiday.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving professionals and family if appropriate.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said, "If I had a concern I would be happy to speak with the manager or office staff."

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example. Staff said, "One of the best places I have ever worked", "The clinical lead is very good, they respond quickly to any concerns raised", "Newcross is very good" and "We have regular team meetings."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Members of the management team were visible in the service and regularly visited people, in their homes, to seek their views of using the service. People told us, "I have a care plan and someone from the office comes out to review it with me about every 3 months" and "there is plenty of opportunity to share my views."

Summary of findings

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

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

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

There were systems in place to help ensure staff were up to date about people's needs.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People, their families and staff were consulted and involved in the running of the service, their views were sought and acted upon.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Newcross Healthcare Solutions Limited (Truro)

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 unannounced inspection of Newcross Healthcare Solutions (Truro) took place on 3 and 5 November 2015. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, a staff allocations officer, a team leader, and the clinical lead. Three people were visited in their own homes and during these visits we met two relatives and three members of staff. We spoke with three people and three staff over the telephone. We looked at four records relating to the care of individuals, staff records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People commented, “Good standard of care and good service” and “I have no complaints.”

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. A summary of the service’s safeguarding policy was in the staff handbook which was given to staff when they started to work for the service.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. These included any environmental risks in people’s homes and any risks in relation to the health and support needs of the person. People’s individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people’s homes and entry instructions. This guidance was communicated to staff through the care plans kept in people’s homes and was detailed on the rosters, sent to staff every week, for each person staff were booked to visit that week.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The organisation operated a central ‘on call’ service to answer calls from people and staff outside of office hours. All records relating to staff rosters and people’s care needs were held electronically so could be accessed by the on call service. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. Everyone told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Some people required assistance from staff to take their medicines. The service had a clear medicine policy which stated what tasks staff could and could not undertake in relation to administrating medicines. For some people the help required was to verbally remind them to take their medicines and for other people staff needed to give the medicines to the person to take. Each person’s care plans detailed the medicines they had prescribed and the level of assistance required from staff. All staff had received training in the administration of medicines. Where nurses or care staff needed to administer medicines by specialist methods appropriate training was given to staff and their competency to carry out these procedures were regularly assessed.

Good

Is the service effective?

Our findings

Staff demonstrated a good knowledge of people's needs and told us about how they cared for each individual to ensure they received effective care and support. People and relatives spoke well of staff and said staff had the right knowledge and skills to meet people's needs.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. All new staff worked at least three shadow shifts alongside more experienced staff until such a time as they felt confident to work alone.

Where people had complex care and nursing needs existing staff, who were new to working with a particular person, would also work at least three shadow shifts with the individual. The clinical lead or team leader would check their competency and knowledge, to provide care for the individual, before staff started to work with the person. These competency checks were on-going, and completed regularly, to ensure staff continued to have the appropriate the knowledge and skills to meet people's individual needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Many care staff had attained a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff received regular supervision and appraisal from the registered manager and supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us, "Plenty of training offered" and "Lots of training available."

People and their relatives told us they had agreed to the times of their visits and received a list each week confirming their times and the names of the staff allocated to visit. People and their relatives also told us staff stayed the full time of their agreed visits. One person told us, "I have a list, so I know who is coming".

Newcross worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. A relative told us, "I am confident that staff will ring the doctor and me if they have any concerns about my mother's health."

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed to give their consent to the care and support provided.

Some people using the service had a diagnosis of dementia or health conditions that affected their memory and their ability to make some decisions. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. Care plans detailed the support people might need to help them to make decisions. For example one person's care plan stated, "Staff to inform [persons' name] of a task prior to the activity to allow them time to process the information".

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. For example care records stated, "Has been assessed as lacking capacity but can make simple choices." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Good

Is the service caring?

Our findings

People received care and support, as much as possible, from the same care worker or team of care workers. Relatives of people who received complex nursing care packages confirmed that they only had regular staff who were known to the person. The service sent a list to people each week to advise them of the names of staff who were booked to visit them. One person told us, "I get a weekly rota to know who is coming." People told us they were very happy with all of the staff and got on well with them. People's comments about the staff who supported them included; "I have regular staff", "They [staff] are really good" and "Staff are kind to me."

Staff had a good knowledge and understanding of people. The service matched staff to the people they supported by allocating staff who had similar interests to the person. For the complex care packages staff were introduced over a period of time to give the person the opportunity to feel comfortable with the worker before they were permanently allocated to their team. People told us the service provided staff who they felt comfortable with and had common interests they could talk about. Staff were motivated and clearly passionate about making a difference to people's lives. Staff told us about working for the service, "I love it" and "I enjoy it so much that I don't' class it as work."

When we visited people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us staff were kind and caring towards them. Comments about how staff treat people included, "They [staff] don't rush you" and "Staff respect you."

People knew about their care plans and the clinical lead or team leader regularly asked them about their care and support needs so their care plan could be updated as needs changed. People told us, "I have a care plan and someone from the office comes out to review it with me about every 3 months" and "There is plenty of opportunity to share my views."

Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.

Good

Is the service responsive?

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. A relative told us, "The service completed a very thorough assessment of my husband's needs and wrote a very good care plan."

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing.

Care plans were reviewed monthly and updated as people's needs changed. People told us the clinical lead or team leader visited them regularly to discuss and review their care plan. When reviews took place any necessary updates to people's care plans were made at the time. This was achieved because staff carrying out the reviews had hand held computers and printers with them so they could leave an updated copy in the home. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff told us care plans gave them the guidance and direction about how to meet the people's specific care needs. For example, one person's care plan described how they may display behaviour that was challenging for staff when they became anxious. Their care plan explained how staff should talk calmly to the person and if this did not reduce their agitation staff should walk away and return later. The relative said, "Staff have been brilliant. They know when to step in and when to walk away."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. The relative of one person told us the service always arranged additional visits when they went away on holiday. Staff told us they supported some people to hospital appointments who did not have families who could help. This would often be completed outside of the contracted hours for that person.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said, "If I had a concern I would be happy to speak with the manager or office staff." People told us they were able to tell the service if they did not want a particular care worker. The registered manager and supervisor respected these requests and arranged permanent replacements without the person feeling uncomfortable about asking for the change.

Good

Is the service well-led?

Our findings

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.

The registered manager was supported by a clinical lead, a team leader and two staff allocation officers. The clinical lead managed the nursing care packages and supervised the nursing staff and the team leader managed the care staff and non-nursing care packages. The staff allocation officers completed the staff rotas and were office based. The clinical lead and team leader were office and field based.

The registered manager and office staff were clearly committed to providing the best possible care and support for people. Staff were enthusiastic about working for the service and felt supported in their role. Staff said, “One of the best places I have ever worked”, “The clinical lead is very good, they respond quickly to any concerns raised”, “Newcross is very good” and “Office are good at communicating with staff and with the clients.”

Staff had the opportunity to be involved in the running of the service and feedback their ideas and views. There were regular staff meetings, both in small groups for staff teams that worked with particular people and staff meetings for the team as a whole. One worker said, “We have regular team meetings.” Another member of staff told us they had raised concerns about the working practices of another member of staff. They told us the management had dealt with the situation appropriately and they were pleased they had raised the concern as it was having an impact on people.

The service had effective systems to manage staff rosters, match staff skills with people’s needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people’s needs.

There were effective quality assurance systems in place to make sure any areas for improvement were identified and addressed. The field based team leader and clinical lead were visible in the service and regularly visited people, in their homes, to seek their views of using the service. It was clear people had a good relationship with these staff and felt comfortable talking with them about the service they received. The team leader and clinical lead worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. The service also gave people and their families questionnaires to complete on an annual basis

There were electronic systems that recorded when care plan reviews, staff supervision, appraisals, spot checks and staff training was due. This reminded management when these checks were due to help ensure that the quality monitoring systems were effective and kept up to date.