

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Isle of Wight)

Inspection report

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Ratings

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

Summary of findings

Overall summary

Newcross Healthcare Solutions Limited is a domiciliary care agency. It provides care and support services to people living in their own homes in the community. Not everyone using the agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection, the agency was providing the regulated activity of personal care to nine adults and three children. The children and most of the adults had complex healthcare needs. Our inspection was based on the care and support provided to these 12 people, each of whom received a variety of care hours from the agency depending on their level of need.

This inspection was conducted between 30 August and 3 September 2018 and was announced. We gave the provider 24 hours' notice of our inspection as we needed to be sure key staff members would be available.

At our previous inspection, in June 2016, we rated it as good overall. At this inspection we found the service had sustained or improved the quality of the service in all key questions.

People received exceptionally personalised care from staff who were highly trained and competent. Every staff member demonstrated a shared commitment to putting people at the heart of the service and enhancing their well-being.

People, families and professionals praised the person-centred approach taken by staff and described how it had benefited people, including people with highly complex needs.

People's care plans were comprehensive and included detailed guidance about how people should be supported using specialist medical equipment. Care records confirmed that people's needs were met consistently.

Staff supported people in a highly caring and compassionate way and built positive relationships with people and their families. They worked tirelessly to meet people's holistic needs, including supporting people in their own time.

Staff understood people's communication needs and used supportive techniques to communicate with them.

Staff worked collaboratively with other healthcare providers to achieve the very best outcomes for people. They supported people effectively when they accessed or transferred between care services and went out of their way to make the transition as smooth as possible.

Staff had experience in delivering end of life care and were committed to ensuring people received a comfortable, dignified and pain-free death

Everyone we spoke with praised the high quality of leadership at Newcross. People benefited from a service where staff were happy and motivated to provide the best possible care they could for people.

There was a comprehensive quality assurance process in place and the service was proactive in identifying and implementing creative solutions to enhance the quality of service delivered.

Staff protected people's rights and were exceptionally committed to helping people express their views and preferences. They involved people in risk taking decisions and identified innovative solutions that kept people safe with the minimum of restriction.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. This was reinforced by an open and transparent culture.

Staff promoted choice and independence, protected their privacy and involved people in decisions about their care.

There were sufficient numbers of staff available to complete all agreed support visits to people. The provider operated a values-based recruitment procedure to help ensure only suitable staff were employed.

There were appropriate systems in place to protect people from the risk of infection. Where the service supported people to take their medicines, people consistently received their medicines as prescribed.

Where staff were responsible for meeting people's nutritional needs, they supported people to maintain a balanced diet.

People felt able to raise concerns and were consulted about the way the service was run.

Staff were trained to deal with emergency situations and there was a business continuity plan in place.

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 felt the service was safe and staff knew how to protect people from the risk of abuse.

There were enough staff deployed to complete all agreed care calls. Recruitment practices helped ensure only suitable staff were employed.

Individual and environmental risks to people were assessed and managed appropriately. A business continuity plan was in place to deal with foreseeable emergencies.

There were appropriate systems in place to protect people from the risk of infection.

Where the service supported people to take their medicines, this was done in a safe way by suitably trained staff.

Is the service effective?

Outstanding 

The service was highly effective.

People, including those with complex needs, received exceptional care from staff who were highly competent and appropriately supported in their roles.

The provider used innovative technology to monitor staff training and encouraged staff to access additional training that would benefit people.

Staff worked collaboratively with other healthcare providers to achieve the best possible outcomes for people.

Staff supported people effectively when they transferred between care services and went out of their way to make the transition as smooth as possible.

People were supported to access other health professionals and were accompanied to medical appointments when requested.

Staff acted in the best interests of people and followed legislation designed to protect people's rights.

Where staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences.

Is the service caring?

Outstanding 

The service was outstandingly caring.

There was a strong person-centred culture and people were supported in a highly caring and compassionate way.

Staff built positive relationships with people and went above and beyond what was expected of them to support people in their own time.

Staff showed a high level of consideration for people's well-being and were exceptionally committed to helping people express their views and preferences.

Staff understood people's communication needs and used supportive techniques to communicate with them.

Staff protected people's privacy, promoted independence and involved people in planning the care and support they received.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Staff were committed to putting people first and working tirelessly to meet their holistic needs in a personalised way.

Care plans contained comprehensive information and were reviewed regularly. Staff demonstrated an exceptional knowledge of people's individual support needs and responded promptly when their needs changed.

Staff were committed to supporting people at the end of lives to help ensure their comfort and dignity.

People knew how to raise concerns and there was an appropriate complaints procedure in place.

Is the service well-led?

Outstanding 

The service was outstandingly well-led.

People, families and professionals praised the leadership of the service. The registered manager motivated staff to provide exceptional care and support to people.

There was a clear management structure in place. People benefited from a service where staff were motivated and happy in their work.

The provider had a clear set of values and staff demonstrated a shared commitment to meeting them.

The service was proactive in identifying and implementing creative solutions to enhance the quality of service delivered.

There was a comprehensive quality assurance process in place which focused on continual improvement.

There was an open and transparent culture and the registered manager demonstrated a high level of integrity.

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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 was announced. We gave the provider 24 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspection was conducted by one inspector. The inspector visited the service's office on 30 August and 3 September 2018 to see the registered manager and office staff and to review care records, policies and procedures.

This was the first inspection of the service at its current location. However, we had previously inspected the service at its previous location in June 2016 when we identified no concerns and rated it as good.

Before the inspection, the registered manager 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including the inspection report from its previous location and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who used the service, or their relatives, by telephone. We visited and spoke with two people and their relatives in their homes. We spoke with the registered manager, the clinical lead nurse, a field care supervisor, a care coordinator and 11 health care assistants. We looked at care records for five people. We also reviewed records about how the service was managed, including staff

training and recruitment records. We received feedback from six health professionals, a social care professional, a commissioner of healthcare services and an independent advocate. An advocate is a person appointed to support someone to express their views and help ensure their rights are protected.

Is the service safe?

Our findings

People told us they felt safe receiving care from Newcross staff. One person said, "I know I'm in safe hands." A family member told us, "I don't worry about it when they [staff] are with [my relative]. They know how to look after her."

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. They had completed safeguarding training relating to adults and children at risk and were confident that managers would respond to any concerns they raised. A staff member told us, "My priority is the safety of the person I'm caring for. I would go to [the registered manager] or head office if I had any concerns, but I could also report it to CQC if I needed to." Safeguarding formed a key part of the induction process for new staff and was a standing agenda item at all staff meetings to highlight its importance.

Records confirmed that the registered manager had reported all allegations of abuse to the local safeguarding authority and to CQC. The registered manager shared details of one investigation they had conducted, which we found had been investigated thoroughly and had resulted in appropriate action being taken to protect the person from further risk of harm.

There were sufficient numbers of staff available to complete all agreed support visits to people. One person told us, "I have a small team of four to six [staff] which is perfect for my needs, it works really well." A family member told us, "I feel [the staffing situation] has dramatically improved since [the registered manager] has been in post."

Staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were only accepted if enough suitably trained staff were available or could be recruited and trained beforehand. They had recently declined to accept a new package of care for a person with complex needs as they did not have the resources to ensure the person could be appropriately supported. The provider also operated a staffing agency to provide trained nurses and health care assistants to other services. This gave them resilience when supporting people using their domiciliary care service, as a pool of staff were readily available to call on in an emergency. In addition, office staff had maintained their training and were available to support people if needed.

Staff were required to use a 'phone buddy' system to record when they started and ended each visit. If they did not do this, an automatic alert was sent to the provider's central office to alert them. Staff in this office then made enquiries to establish where the nominated staff member was and, if necessary, deploy another staff member to attend to the person. This helped ensure all visits were completed and reduced the risks posed to staff who worked on their own.

The provider operated a values-based recruitment procedure to help ensure only suitable staff were employed. The registered manager told us they only recruited staff with previous experience in care and said, "We want people who are keen to learn and understand our values. Only one in 16 [applicants] get a job with us and we have really good retention rates." Recruitment records confirmed that the applicant's

experience, values and attitudes were explored during the interview process and were recorded. One person told us, "The [staff] I've seen are certainly in the right job."

Staff files showed all pre-employment checks had been completed before the staff member started work at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people to check applicants were of good character.

The provider's application form was a web-based form designed to make it impossible for an applicant to submit if they had left any gaps in their employment history. This was an innovative solution to help ensure the provider was aware of the applicant's full employment history and background when making recruitment decisions. One staff member told us, "I saw the form on their website and was half way through it when I got a call from them. It made me feel special that I had what they were looking for; it was really nice. The minute my [DBS check] came back, I started. They had already got all my references, including from [abroad]."

Risks to people were assessed and control measures put in place to mitigate the risks. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring. A commissioner from the Clinical Commissioning Group (CCG) told us, "[Prior to taking on packages of care], staff conduct many home visits to ensure discharge [from hospital] would be safe and all relevant supplies and equipment required would be in place and the home is safe for the staff providing the support."

Staff involved people and their relatives in risk taking decisions and identified innovative solutions that kept people safe with the minimum of restriction. For example, a healthcare professional had suggested two staff were needed to support one person to transfer between chairs. This was not acceptable to the family as they found the presence of two staff "intrusive", so staff suggested an alternative solution using a grab rail and a small step which the person could use with only one staff member supporting them. This was agreed with the healthcare professional and put in place. Later feedback from the family showed it was working well.

Staff were trained to deal with emergency situations, including failures of essential equipment, such as ventilators that supported people to breathe. They had also been trained in basic life support techniques. In addition, people's care plans included 'crisis plans' to advise staff of the correct action to take in an emergency or if the person became unwell.

The provider had a business continuity plan in case of emergencies. This was coordinated by a central support team in Bristol that operated 24 hours a day to provide support to staff and people using the service. They had access to all relevant information including contact details for staff and copies of people's care plans. This meant the service could continue to support people even if the local branch office could not operate. The registered manager had also developed a 'snow plan' to help ensure all care visits could be met during adverse weather. The plan had been used successfully during a bout of extreme weather earlier in the year, during which no visits were missed.

There were appropriate systems in place to protect people from the risk of infection. Staff had attended infection control training and had access to personal protective equipment (PPE), such as disposable aprons and gloves. One child was at very high risk of infection and their parent told us, "As soon as they [staff] walk in, they wash their hands and if they have the slightest cold, they won't come near." All staff

supporting the child had also had a flu vaccination as an added precaution. Another person was at risk of infection due to their use of a ventilator and staff described how they used the aseptic techniques when changing the dressings around the ventilator access point. Aseptic techniques are the strictest practices used to prevent infection.

Where the service supported people to take their medicines, we found people consistently received their medicines as prescribed. The provider had clear procedures in place to train and check the competence of staff administering medicines and to document all medicines that had been given, using medication administration records (MARs). For some people, their medicines were subject to repeated changes and any new MAR chart produced by the service was checked by two nurses to help ensure they were accurate and up to date.

For one person, we found the MAR charts had not been completed fully, although other care records indicated they had received their medicines as prescribed. The incomplete MAR chart posed a risk the person might inadvertently be offered a further dose of the medicine by another staff member. We raised this with the registered manager who amended the person's MAR chart to make it easier for staff to follow and complete. Following other recent MAR chart errors, we saw a new system had been introduced using different coloured paper for some medicines to highlight different types of medicine. This showed the registered manager was monitoring the administration of medicines closely and took action when mistakes occurred.

Is the service effective?

Our findings

Everyone we spoke with told us Newcross provided exceptional care and support to people, including those with highly complex needs. These included two adults and two children who had tracheostomies; these are tubes inserted into the windpipe to help them breathe and three of these people also used ventilators to support their breathing. Two people had percutaneous endoscopic gastrostomies (PEGs); a PEG is a tube that allows food and medicines to be given directly into the stomach and one child had a nasogastric tube, which is a tube inserted into the stomach via the nose, through which they received food, fluid and medicines. It is highly unusual for a domiciliary care agency to provide this level of support to people in their own homes and was only possible because the service was led by two highly experienced registered nurses, one of whom was the registered manager.

People described staff as "competent" and "highly experienced". The family member of a person who experienced seizures told us, "It is so reassuring to know [staff] are confident in dealing with his seizures. They are able to recognise when he is about to have a seizure and act quickly to help and reassure him through it." A palliative care consultant told us, "I've been really impressed with Newcross. They are delivering care to a very high standard."

A community matron praised the ability of staff to meet the needs of a person with very complex healthcare needs and said, "It is commendable that their skills have enabled [the person] to be at home for the last six months so they can be with their family. The care provided by Newcross has been exemplary and at times [staff] have gone above and beyond what is expected from them in order to support [the person's] physical needs and their wishes."

Staff worked collaboratively with other healthcare providers to achieve the very best outcomes for people. Prior to accepting a package of care for people with complex needs, one of the nurses completed an holistic assessment and liaised with the person, their family and other healthcare professionals to ensure they fully understood the person's needs. They then recruited a core team of staff and developed a comprehensive training programme to enable staff to provide effective support. This was provided either by the service's nurse, community nurses, hospital nurses or specialist training providers. Following this training, each staff member had their competency assessed using a robust three-stage process. The competency assessments were then repeated every six months to check staff had retained the necessary skills.

A commissioner of services for the Clinical Commissioning Group (CCG) confirmed this process was followed and added: "For one particular client, this involved months of work within an acute [hospital] setting ensuring the staff had all the relevant competencies in place before the client was discharged home. This work also involved weekly meetings with all professionals and family involved which also included community staff such as [the district nurse] and the GP; these meetings identified many hurdles to discharge; however, Newcross were always very positive and always solution-focused."

An independent advocate said of the registered manager, "She puts good teams together and makes sure they can deliver. She has knowledge of what is required and can put a case together for whatever is needed."

[Newcross staff] are absolutely exceptional in what they are doing."

Staff received highly effective training to enable them to support people's needs. One person said of the staff, "Their training is superb and they are always getting extra training which gives them a little bit more knowledge, which helps them understand what I need. The big difference [compared to other agencies] is the medical knowledge because it's nurse-led and they all use common sense."

New staff completed an appropriate induction programme when they started working at Newcross. All staff had previous experience in care and if they had not completed the Care Certificate in the past, they were supported to do so immediately. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

In addition to routine training, staff could also access any additional training they were interested in by building up 'credits'. The more hours they worked, the more credits they accumulated and the more training they could access. Staff told us this inspired them to develop their skills and knowledge. One staff member said they had recently completed a college course about supporting people with challenging behaviour "just because I wanted to do it". They said the course had been "interesting" and had helped them to support a person they cared for. Staff also told us the training was tailored to meet their individual needs and learning styles.

A staff member told us, "It seems the office are always asking us to come in to do training and offering us courses, just for interest purposes as well as those directly for our role. I'm very pleased that the option of doing a [vocational qualification] was available to help me progress and meet the same level as my colleagues." Another staff member said they were being supported to complete an access course to become a registered nurse and their working hours had been adjusted to enable them to attend this training.

The provider had developed an innovative system to record staff training. This was linked to the duty planning system and was designed to prevent staff from being allocated to work if their training was out of date or was about to lapse. This motivated staff to take responsibility for their own training and helped ensure people were only supported by staff whose skills and knowledge were current.

Staff demonstrated an in-depth understanding of the training they had completed. For example, one staff member told us they had supported a person who had regular seizures to attend a busy public event. While there, the person experienced a seizure in a crowded place and needed urgent support. The staff member told us, "Your training kicks in. We just kept calm and did what we had to. Someone asked if we needed a hand, but then said, 'You don't look as if you need it'." When we spoke with the person, they confirmed that all the staff supported them effectively when they experienced seizures. They said, "They [staff] always make sure they've got the [rescue medicine] with them. They also kept me alive, basically, during [a recent trip for a medical appointment]."

Staff were appropriately supported in their role. Comments from staff included: "If I ever have a concern or need some advice I know I can just pick up the phone or send a message and I have support there", "[One person] we support is very complex and it's very emotional. I was struggling, so came and saw [the registered manager] last night and we had a long chat. I've done this several times. [The registered manager] is so supportive and is available pretty much 24/7" and "It's helpful having [registered] nurses handy; there's always one on call. I can call them anytime if I'm unsure about any medicines or anything else".

All staff received regular supervisions with the registered manager or a supervisor. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer

support, and discuss training needs. In addition, staff who had worked at Newcross for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year. Staff told us these were "meaningful" and included feedback from the people they supported.

Staff supported people effectively when they transferred between care services. When people were admitted to hospital, key information about their health and care needs was transferred with them. In some cases, staff would also accompany the person to advocate on their behalf. For example, when a person with exceptionally complex needs became unwell and was readmitted to hospital, the registered manager attended the hospital to help ensure the person's needs and wishes were fully understood and considered. Initial discussions indicated the person might have to be moved to a hospital on the mainland, due to the complexity of their needs. However, after extensive discussions with professionals, the registered manager secured agreement for the person to remain at the local hospital, on condition that Newcross staff worked alongside NHS staff to support the person. This had not been done before and required the development of a new, pioneering framework and the creation of special contracts to enable Newcross staff to work within an NHS Trust. This took a huge amount of effort by all, but enabled the person to achieve continuity of care from staff they knew, in a hospital close to their family. A hospital nurse later told us, "There have been no conflicts at all and they [Newcross staff] have been happy to work with us. [A nurse colleague] told me after a recent night shift that they had worked in 'complete harmony' with the Newcross staff."

Staff went the extra mile to make the transition of people between services as smooth as possible by carefully planning and coordinating arrangements. A community nurse told us the transfer of a person with a learning disability from a care home to a supported living flat had been "a very successful move for [the person] and was enhanced by the support [they] received from Newcross." Although a staff member was not scheduled to provide support until 12:00, they attended from 08:00, in their own time, to support the person to settle into their new setting. Three people were also supported by staff from other care agencies. Family members told us there was good coordination between Newcross and the other agencies and said it provided resilience; for example, if one agency was occasionally unable to cover a visit, then the other agency could pick up the visit to ensure continuity of care for the person.

Staff supported people to access other healthcare services and accompanied them to medical appointments when requested. A family member told us, "One of the senior carers the other day recognised [my relative] was very tired and asked if she had had a blood test recently. She hadn't, so we asked [the GP] for that and are waiting for the results." For another person, staff had requested additional physiotherapy support and taken part in numerous multi-disciplinary team meetings to share ideas with healthcare professionals and identify the most effective way to support the person.

Staff protected people's rights by following 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Most people had the capacity to make their own decisions or, in the case of children, had a parent who was authorised to make decisions on their behalf. One person did not have capacity to make certain decisions about their care, so staff had consulted relevant people, including the person's relative and a community nurse. They had then made decisions on the person's behalf, in their best interests, including the need for them to be supported by staff when they accessed the community. These discussions and decisions had not initially been recorded, but the registered manager confirmed that this had been done immediately after the inspection.

Staff sought consent from people before providing any care or support. For example, a parent said of the staff, "Everything they do is with my permission or on my request." A palliative care consultant told us, "[One person] doesn't make the same decisions that others might make, but staff respect them nonetheless." A staff member told us, "[Another person] sometimes says 'no' when we [offer support]. We advise it's best for them to receive [the support], but accept their decision and try again later."

Where staff were responsible for meeting people's nutritional needs, they supported people to maintain a balanced diet. Some people received their food via a PEG or a nasogastric tube and staff knew how to do this effectively, in accordance with the person's preference; for example, one person liked to receive their feed in two sessions rather than one and this was accommodated. Another person was allergic to wheat and staff supported them to buy suitable food and prepare their own meals. During the summer heat wave, staff had encouraged people to drink well to reduce the risk of dehydration; people confirmed this, including one who said, "I have to drink at least two litres of water a day and staff make sure I've always got a drink."

Is the service caring?

Our findings

Staff demonstrated a strong person-centred culture and supported people in a highly caring and compassionate way. Comments from people included: "All the [staff] are very polite and very competent. They say, 'We are here for you' and they are. In fact, they are here for the whole family. They offer to do anything they can to help" and "They treat me well". A family member told us, "It really is refreshing to find such a caring company who find nothing too much trouble and are willing to go the extra mile for us in whatever way they can to help. The carers are all lovely, communicate well and were very quick to learn what help [my relative] required." Feedback sent to the service by another family member said, "[The staff member] was so friendly and compassionate, knowledgeable and helpful, she always made sure [my relative] was comfortable and settled. She showed such a high standard of care and was so respectful and kind."

Staff focused on building positive and open relationships with people and their families. Feedback from a parent praised the "special bond" their child had developed with a staff member who they described as "intuitive, caring and a huge asset to the family". Other comments from family members included: "The staff have developed a good relationship and good bond with [my relative], which is important as she has short term memory loss", "They all love [my child] and show the same affection for my other children too, which is important to me" and "They are all lovely people. They all get on with [my relative]. They have to gel and come across as genuine, and they do".

Some staff went above and beyond what was expected of them to support people in their own time. For example, a hospital nurse told us that following an urgent admission to hospital, one staff member had gone to the shops after finishing their shift to buy the person some suitable clothing and had "sorted their washing out". The staff member later told us, "[The family] are in such need, you can't help but want to do everything you can for them. It's a pleasure to be able to do little extras for people." Another person told us, "[One staff member] even made special arrangements to borrow her mum's car to take me to see an old friend; she even made sure it was properly insured." A further staff member had taken a book about cats to a person on their day off, after the person had been talking about their love of cats the day before.

Staff showed a high level of consideration for people's well-being. For example, the training and competency assessments for staff supporting a child with complex needs required staff to observe and practice procedures to manage their tracheostomy. The registered manager recognised that it would be inappropriate to subject a child to this, so they worked with the family to create a video of the procedure being performed, which was then used for training purposes. They had then purchased a manikin on which staff could practice the procedure. This novel approach significantly reduced the impact that live training would have had on a young child. In addition, their parent told us staff had helped them create a relaxing environment. They said, "They [staff] helped me get rid of the hospital cot as we didn't like it, it was too clinical. Now it feels more homely."

When a person with a long-term health condition showed signs of depression, the registered manager put them in touch with a psychologist, who established email communication with the person in accordance

with their wishes. With the person's agreement, the registered manager shared information with the psychologist and sought their advice on how to navigate difficult conversations with the person about the future. This helped ensure the person received consistent emotional support, from all those involved in their care. In addition, the registered manager arranged for a representative from a national charity to visit the service and provide added insight into the person's condition for staff. Family members also attended, which gave them a better understand of the condition and the support that was available to them.

Staff understood and met people's communication needs. A family member said of the staff, "They give [my relative] the time she need to process information. They understand her and recognise that sometimes she wants to talk and sometimes just wants peace and quiet." For other people, staff could supply large print versions of information, such as the provider's complaints policy and told us they were planning to develop an easy read version of this, using pictures.

Staff used supportive techniques to communicate with people. For example, for a person living with a degenerative condition who had very limited movement, staff described how they had learnt to interpret even the slightest movement of the person's head or a "roll of their eyes". The person used an 'eye gaze' machine; this is a computer that generates speech from letters and words picked out by the person's eyes. A staff member told us the person did not like people completing their sentences for them when they used this. To avoid the temptation to do this, the they said they deliberately avoided looking at the screen as the person typed and had intervened to prevent other healthcare professionals from finishing the person's sentences. For another person, staff had provided a large notice board to help them keep track of important events each day and for a child with communication difficulties, they had started to introduce Makaton. This is a system of signs and symbols that helps people communicate.

Staff were exceptionally committed to helping people express their views and preferences. One person usually had full capacity to make decisions, but when they became very unwell and were admitted to hospital, they were unable to communicate their wishes clearly. The registered manager attended the hospital to support communication and recognised that the person would benefit from an independent advocate to ensure their wishes and preferences for treatment were properly considered. This was arranged through the CCG and the advocate later told us, "I like that [the registered manager] came to us. The patient didn't lack capacity, but [the registered manager] recognised that he would benefit from someone to speak up for him and represent his views. In subsequent meetings, I have seen her fiercely advocate for [the person]. She really cares." When staff identified that another person might benefit from hydrotherapy, they approached the CCG to arrange this. The person told us this had not yet been approved, but "they [staff] are fighting our corner for us; they listen and understand."

The registered manager gave an example of when they advocated on behalf of a person to help ensure their views about resuscitation were fully understood by professionals. A palliative care consultant who was present at the meeting told us, "The [registered manager] aided communication and clearly represented [the person's] views, saying they would or wouldn't want this or that." When the meeting concluded that a professional needed to have a conversation with the person about resuscitation, the registered manager recommended the professional they felt would relate best to the person. This was accepted and the person subsequently engaged positively with that professional.

Staff encouraged people and their relatives to retain as much independence as possible. For example, a family member had taken responsibility for organising the roster for the core staff team that supported their relative; this gave them an element of control over which staff were present in their home and was reportedly working well. A community nurse described how a person with a learning disability had recently started to help with household chores and cooking for the first time, thanks to the encouragement and

support they had received from Newcross staff. When we spoke with staff, they stressed the importance of promoting independence. For example, they described how they supported people living with dementia to make day to day decisions by simplifying the choices offered or by showing them options. A staff member told us, "If you asked [one person] what they want for lunch, they wouldn't know where to start; but if you say, 'Would you like cheese on toast or soup?' they would be able to choose." They said the person could usually eat independently, but added, "Sometimes they find it difficult and that's when I offer some help."

Staff protected people's privacy, were sensitive to the fact that they were working in people's homes and took care to be as unobtrusive as possible. A family member said of the staff, "They are 100% discreet and give [my relative] privacy when she needs it." Another family member said, "They are very quiet on nights; I'm hardly aware that anyone is in the house anymore." Staff described the practical steps they took to protect people's privacy during personal care, for example by making sure doors and curtains were closed and using towels to keep the person covered as much as possible. The provider had systems in place to ensure personal information was kept securely and information stored on computers was password protected to help ensure it was only accessed by authorised staff.

Staff explored people's cultural and diversity needs during pre-admission assessments and included people's individual needs in their care plans. For example, one person told us, "I told them I would not want a male [to support me with personal care] and they have never tried to give me one."

People and their relatives told us they were consistently involved in discussing and making decisions about the care and support they received. For example, a parent told us, "Staff get on and do what they need to do, but I always feel like I'm in charge [of my child's care]." People were also involved when their care plans were reviewed. A family member told us, "We have meetings every four to six weeks with the lead nurse to talk through the package; [they ask] if we are happy or want to change anything."

Is the service responsive?

Our findings

Everyone we spoke with told us Newcross provided exceptional, highly personalised care and support to people. One person said of the staff, "Everything is done completely how I want it to be." A family member told us staff were "highly flexible" and would provide extra care when needed, "even at short notice". A palliative care consultant told us the care given by staff was "to a very high standard and very individualised". A community matron told us, "The [staff] have risen to all the many challenges posed to them. They have always acted professionally and have put the patient at the centre of their actions." An independent advocate echoed these comments and added, "The patient is really at the heart of the service in every respect."

All staff we spoke with showed a shared commitment to putting people first and working tirelessly to meet the holistic needs of people in a personalised way, in accordance with their preferences and wishes. A staff member told us, "The client is at the centre of everything we do. We all go above and beyond to achieve that." Another staff member said about the support they gave one person, "We are very much led by [the person]. He has full capacity and is very intelligent and has trained us in his care. It's very much tailored to his likes, wants and needs."

People told us that before providing any care or support, staff were always introduced to them and worked 'shadow shifts' with experienced staff first, to help ensure they fully understood the person's needs and how they wished to be supported. A children's community nurse said of the service, "Training and care planning is all done on an individual basis to meet the needs of that specific child and always changed in a timely manner to reflect the needs of the child."

Assessments of people's care needs were completed by one of the registered nurses, who then developed a suitable plan of care. This information was then used to develop appropriate care plans in conjunction with the person. People's care plans were well organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. They were centred on the needs of each person and took account of the person's skills, abilities, preferences and wishes. They also included detailed guidance about how people should be supported using specialist equipment. For example, one person's care plan described in detail how staff should support the person to dress, as this involved disconnecting their ventilator and could compromise their breathing. For another person, there was a clear behaviour support plan in place to guide staff when the person acted in a way that put themselves or others at risk. A staff member told us, "The care plans have far more information than any other care plans I've seen. We do shadowing before being signed off [as competent to support people] and can call for advice at any time."

Records of the care provided were hand-written at the time; they confirmed that people received appropriate care and that staff responded effectively when their needs changed. For example, they showed staff had spotted the signs that a person might be about to have a seizure and had taken the necessary action to support the person.

Staff consistently demonstrated an exceptional knowledge and understanding of the individual support

needs of the people they cared for, including their wishes and preferences. For example, they knew how one person liked to receive their feed through their PEG and at what speed; they knew how the person liked to be positioned in bed and that they liked their tracheostomy tube secured in a particular way. A staff member told us, "There are lots of little things that make life a little more comfortable for [the person]; he likes his legs a certain distance apart, likes his glasses a little way forward, I'll even adjust a finger if I see it's not lying as he likes it." A hospital nurse who had worked with the staff told us, "When [the person] was discharged from hospital, we were teaching them [Newcross staff] but the roles have been reversed and they are now teaching us. For example, [the person] tends to ask them to reposition him now, as they know how to do it best to make him comfortable. They know when he's tired and needs a rest. When we went to give him medicine, they said, 'He doesn't like it at this time', so we got it re-prescribed for the time [the person] preferred to take it. They know him so well. They couldn't do more for him."

A commissioner of services for the CCG told us, "Newcross have always been very good at working with the individual, their families and carers to ensure everyone understands the support in place and what Newcross can or cannot do legally. [They are] very good at reporting back [any concerns or issues] and trying to come up with a solution, working with the family and the individual, whilst having to support in some extremely challenging situations that many other agencies would have walked away from."

People confirmed that staff were highly responsive to their needs and were adaptable if their needs or wishes changed. A family member told us, "Staff are quick at spotting changes; for example, one day [my relative] was not herself. The carer called me and we decided to call the paramedics. She had [my relative's] best interests at heart and stayed with her throughout. We're now waiting for the result of a blood test." People also told us staff were flexible and would vary the times of their visits to suit their needs. For example, one person said, "When [my relative] had to attend [a day-long appointment], they [staff] agreed to be here all day for me." A family member told us staff had agreed to cover additional hours to support their relative so they could go out to celebrate an anniversary.

A staff member described how they responded to a person who could become anxious and put themselves or others at risk. They said, "You always have to be prepared as [the behaviour] can come from nowhere. So, if they are holding the TV remote, I might suggest that I look after it so it doesn't get thrown. Often, you just have to leave [the person] and monitor them from a distance. In time, they calm and you can start to reassure them." This was in line with the guidance in the person's care plan. The person's family member told us, "Even if [my relative] is verbally aggressive they [staff] stay calm and take a step back and give her time. They choose a good response to each situation."

Staff had experience in delivering end of life care and were committed to ensuring people received a comfortable, dignified and pain-free death. Feedback to the service from a family member whose relative had recently died thanked a staff member, "for being the most dedicated and professional, friendly, respectful and knowledgeable person we could ever want. She [the staff member] devoted a lot of time and effort to making sure [my relative's] every need was taken care of and nothing, however big or small, was too much trouble for her. She was so supportive and compassionate when [my relative] passed away, she helped us all through a very tough time with her kindness and dedication to us all. Her positiveness made us feel at ease and helped us through. She made [my relative] laugh and found the best in him when he was at his last stages. We will always remember her dedication and commitment to her job."

Staff had worked with palliative care specialists to support some people to develop advanced care plans to help ensure their end of life wishes and preferences would be known and met. A family member told us, "They [staff] have helped us recently with getting an advanced care plan in place via the local hospice. Someone [from the hospice] has visited and we've talked that through and it now forms part of her care

plan." Staff understood that some people were reluctant to explore end of life issues and respected their decision; for example, one person told us, "We've not discussed end of life care as they [staff] know I wouldn't want to."

A staff member told us, "I have delivered end of life care and they [managers] run through everything that needs to happen. We work closely with hospice team, I understand the [anticipatory medicines] and recognise the signs that the end is coming." The service had arrangements in place to provide professional support to staff who were affected after delivering end of life care. In addition, one of the nurses described how they had recently spent two hours supporting a staff member to help prepare them deliver end of life care to a person.

Staff supported people to make as many choices as possible in their day to day lives. One person told us, "It's all down to me, including what I eat." A family member said, "[My relative] can choose how she wants to spend her day and they [staff] are happy to go along with her choice." A staff member confirmed this and said, "I always give choice. For example, if it's nice weather I ask the person if they want to go out or stay indoors. Although [the person] has dementia, they can still express a preference. I would give a small number of choices though as they get overwhelmed and agitated with too much choice."

A person with highly complex needs expressed a wish to spend the summer in a holiday home with their family. Staff put great effort into exploring options that might enable this to happen, including visiting the holiday home to conduct a full assessment of its suitability and its accessibility in the event of an emergency. Unfortunately, the challenges proved too great, but it demonstrated the commitment of staff to do all they could to meet people's wishes and enhance their lives.

People told us they felt able to raise concerns or make complaints and were confident action would be taken. One person told us, "I would contact [the registered manager] if I had any problems. I've got her mobile and can call her anytime." A family member said, "If had any problems, I could raise them with the management."

There was a complaints procedure in place. All complaints were recorded electronically, graded according to their seriousness and escalated to an appropriate level within the organisation. The procedure required outcomes to be recorded for each complaint, together with any action that was needed to improve the service or prevent a recurrence of the complaint. For example, following a complaint about a breakdown in communication, changes were made to the way staff shared information between themselves to ensure all were fully informed about the person's current needs. Where necessary, staff were also required to complete a reflective account of the incident giving rise to the complaint to help them appreciate the impact of their actions.

Is the service well-led?

Our findings

People consistently told us the service provided by Newcross was "exceptional", "very professional" and "highly efficient". One person told us, "Newcross is the best thing since sliced bread. The care is no different now than it was when I started with them; that shows it's consistent." A family member echoed these comments and said, "They have been brilliant from day one. They are very professional." Another family member told us, "I would recommend them; they are well organised."

Professionals similarly praised the leadership of the service. A palliative care consultant told us, "[Newcross] are in a totally different place to other [care] agencies and if any are outstanding, they are. I would be more than happy to use them if I had a loved one that needed complex care." A community children's nurse said of the service, "We have been impressed with their high standards and their ability to be flexible. The nursing supervision of [children with complex needs] is exemplary. They work hard to maintain the sustainability of the [care] packages, and provide very good continuity of care." A commissioner of services for the CCG told us, "Having worked with [the registered manager] and her team, I would not hesitate to recommend Newcross, who have always been professional whilst recognising the importance of being person centred and understanding that the complex health needs of the individual are paramount." An independent advocate told us, "Newcross is a very well-led organisation. [The registered manager] runs a tight ship and everyone is totally professional." They added, "There is nothing that isn't exceptional and outstanding about everything [Newcross] do. They give the impression the patient is the most important person in their eyes."

The registered manager provided outstanding leadership that motivated staff to provide exceptional care and support to people. Staff described the registered manager as "inspirational" and said this benefited them and the people using the service. One staff member told us, "[The registered manager] makes you feel she will do everything she can to help you. It makes me feel really happy in my job and makes me want to do the very best I can for the clients, as she does that for me. You just know how much she appreciates everything you do. She is a normal, lovely person you can really relate to." Another staff member said, "[The registered manager] is brilliant. I have called out of hours about medicine queries. When I was supporting an end of life client, she was on call for me throughout. I have even called her at two in the morning. Any issue, she is always there." Further comments from staff included: "The client comes first, but staff come a close second and that motivates us to go above and beyond, for example popping in to see clients on our days off and doing things for them in our own time", "It is nice to work for a company where you can clearly see that [the registered manager] really cares about providing the best level of care for each one of her clients and will do everything she can to support staff and get the best from us" and "The [registered manager] is amazing; a good role model. She is always available, has an open door and you can discuss anything with her".

A family member told us, "When we first met [the registered manager] they were like a breath of fresh air; they listened, chatted and acted very quickly to get [my relative's] care set up. A real bond developed very quickly. Everyone we have met [at Newcross] is very approachable, eager to learn new things and provide an extremely good level of care. It's lovely." An independent advocate said of the registered manager, "As a manager, she is simply brilliant. I can't praise her highly enough. She is totally dedicated and patient-

focused and that reflects in the way she treats patients. Also, she is so flexible in the way she works; she cares enough to answer calls in the evenings and come in [for meetings] at weekends.

There was a clear management structure in place consisting of the registered manager, a lead nurse, a field care supervisor and a coordinator. Each had clear roles and responsibilities and worked well as a management team. The registered manager told us they were supported well by the provider, including by the provider's regional manager and the clinical governance team. In addition, the provider had agreed to support the registered manager to complete a master's degree in nursing and gain a level five management diploma in health and social care.

People benefited from a service where staff were happy and motivated in their work. Every staff member we spoke with had experience of working at other care services and all told us Newcross was the best service they had ever worked for. Comments included: "[Staff] morale is high and I really feel appreciated. It makes me feel I want to give an even better level of care", "I've never worked for a company as brilliant as them", "It's the best company I've ever worked for. The carers are different here, they all go above and beyond; they are clearly in [the job] to care. We have a shared common interest of wanting to do our best for the client", "I feel extremely supported, appreciated and valued" and "Everyone I talk to, I say, 'Come and work for Newcross, they're amazing'."

Staff were required to work to a clear set of values which were documented in the provider's 'Pledge'. They included requirements to deliver quality and excellence, to treat people with dignity and respect, to work collaboratively with other healthcare professionals and to 'ensure a quality of life, maximising the potential of the individual'. These values were reinforced by managers at every opportunity, including during induction, team meetings, competency checks and as part of the appraisal process. During conversations with staff, it was evident that they understood these values. They demonstrated a passion and a shared commitment to providing the highest quality of care possible for each person, to treating people as individuals and to working with other healthcare providers to achieve the best outcomes for people. Other comments from staff included: "[The provider] wants us to behave in a professional way", "As a company, they are not money orientated. They just want us to deliver the best possible care" and "The ethos is that the patient comes first and this branch definitely does that. There is real holistic care".

The service was proactive in identifying and implementing creative solutions to enhance the quality of service delivered. For example, the registered manager identified that a networking application they had been using to communicate with staff did not meet new data protection standards. In response, they had put together a business case for the development of a bespoke secure application that staff could use instead. This had been approved by the provider, who was taking the idea forward. One person had extremely complex, continuing health needs that were likely to become more challenging for healthcare providers to meet. In response, the registered manager had proposed the identification and recruitment of a bank of specialist nurses, with the necessary skills and experience, who could be called upon to support the person when they became critically unwell. The idea had received positive support from the CCG and was being progressed. This demonstrated the service's capacity to anticipate people's future needs and find innovative solutions to meet them.

There was a comprehensive quality assurance process in place which focused on continually improving the service provided. Audits of each aspect of the service, including care planning, medicines and staff training were conducted regularly and were effective. Supervisory staff also completed 'notes audits' during visits to people to check the quality of records made by care staff. Managers and supervisors also conducted regular checks of staff practices and where these indicated staff needed additional support, this was provided.

The quality assurance process included seeking regular feedback from people using a range of methods, including questionnaire surveys that were sent to people and their relatives. Survey responses were then collated and analysed to identify themes for improvement. In addition, people told us the registered manager visited them regularly to check they were happy with the service. One person told us, "[The managers] ask what we think about the [staff]. Any questions or problems, they get back to you straight away."

Staff were also consulted about how the service was run and invited to make suggestions for improvement. A staff member told us, "[The registered manager] holds regular meetings. She sends an email a few weeks before giving us the opportunity to raise any concerns, ideas or points of discussions on our behalf if we are unable to attend; then the minutes are sent out, usually within a day or two of the meeting, for us to all read."

The registered manager produced a monthly report for the provider detailing key issues affecting the service. These included reviews of accidents and incidents, information about safeguarding referrals, staff training, recruitment, complaints and audits. We saw that identified improvements were captured in the form of an action plan and monitored through to completion.

There was an open and transparent culture within the service. The registered manager notified CQC of all significant events. The service's rating for the inspection at their previous location was prominently displayed in the reception area. There was a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made, although no incidents had occurred that met the threshold for this. The registered manager produced a monthly report for the CCG about each of the packages of care they were funding. It included any variance between hours that had been contracted and the hours that had been delivered. They were not required to do this, but did so to demonstrate integrity and help ensure the CCG was charged correctly. The registered manager also showed integrity when discussing the support they could provide for a person with very complex needs. They had been conscious of a potential conflict of interests between the needs of person and the financial benefits for the business and said this was a further factor in their decision to request an independent advocate to represent the person's views.