

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Bournemouth)

Inspection report

Unit 4
St Stephens Court, 15-17 St Stephens Road
Bournemouth
Dorset
BH2 6LA

Tel: 01202539338
Website: www.newcrosshealthcare.com

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15 July 2019

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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 ●

Summary of findings

Overall summary

About the service

Newcross Healthcare Solutions Limited (Bournemouth) is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older and younger disabled adults and to children. At the time of inspection, the service was providing care to 17 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There were not always enough staff to meet the agreed hours. However, the service was in constant communication with the commissioners, people and their families to resolve the issue.

People felt safe. Staff training, and policies ensured people were safe. Staff knew how to recognise signs of abuse and who to report concerns to.

Medicines were managed safely, and lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received access to healthcare professionals when needed and the service had on call nurses to support clinical care.

People told us staff were kind and caring and treated them with respect.

Care plans were personalised and met the needs of people in a variety of ways both practically and emotionally.

People thought the service was well led. We received compliments about the support and leadership of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing in regards training,

competency and supervision. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Newcross Healthcare Solutions Limited (Bournemouth)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a children's specialist nurse advisor.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2019 and ended on 16 July 2019. We visited the office location on 12 July 2019 and 15 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met with two people who used the service and spoke with nine relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, registered manager, care coordinator, team leader and care workers.

We reviewed a range of records. This included seven people's care records and medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We received feedback from three professionals who regularly worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider revised their application form for staff who work regulated services, to have a full employment history. The provider had made improvements.

- There were not always enough staff to meet all the agreed hours. However, the service was in constant communication with people, their families and the commissioners to resolve the problem. Each person had a contingency plan in place to ensure their care needs were met when the service could not provide staff. We found no evidence to suggest that any harm had come to people as a result of this
- The service had experienced difficulties in recruitment. The registered manager told us, "We need to find the right people, staffing is a big issue". The provider told us they were not accepting any new people into their service at this time until staffing levels had increased.
- The provider requested a report each week from the service explaining shifts that were not covered. This was communicated to all relevant people and the service worked on ways to cover them. For example, communicating with existing staff to do extra shifts and targeted recruitment.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and children. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- There were posters displayed at the service giving staff the telephone numbers of the local safeguarding team. A professional told us they didn't have any safeguarding concerns.
- People and their relatives told us they felt safe with the service. A relative said, "Newcross have, by their words and actions indicated that they are motivated to safely and properly care for my loved one". Another relative told us, "I feel my loved one [name] is safe and it is clear that staff have taken time to try and learn how best to manage". Staff told us that they knew people well and thought that this helped to keep them safe. A health professional said, "I feel people are safe as anytime there has been an issue they call me".

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. This included environmental risk assessments for the individual homes. Risk assessments were reviewed three monthly by

the registered manager or in response to people's needs changing.

- Staff had a good knowledge of people's risks. Staff were trained to meet the needs of the person and to understand the risks involved. Staff worked with the person consistently which meant they monitored changes in condition and escalated concerns as needed.
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks.

Using medicines safely

- The service managed people's medicines safely. Staff responsible for the administration of medicines had their competency assessed.
- Staff supported some people to receive their medicines through a specialist technique. Where this was required staff were trained and there was guidance in place for staff to follow. An example was a Percutaneous Endoscopic Gastrostomy tube (PEG). A PEG is a medical procedure where a tube is passed through the abdominal wall into a person's stomach. This is used when a person is not able to take food or fluid orally due to problems with swallowing or chewing.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of personal protective equipment (PPE).
- Staff had received training in the control and prevention of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. They were then analysed by the providers clinical governance team. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and handovers between staff. Staff told us they felt they were kept up to date and communicated well together.
- The registered manager told us that they analysed each situation and records showed learning had happened following incidents within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they started with the service. The assessment and information from commissioners formed the basis of the care plan. All care plans were approved by people, their relatives and commissioners before care started. The registered manager went to see each person before the service was agreed.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, complex health and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A staff member told us, "In every new package someone will come and check my competencies after I have had my shadow shifts. They offer me lots of support and advice".
- Staff received training on subjects such as safeguarding, medicines, epilepsy management and basic life support for adults and children.
- Staff told us they had regular supervisions and contact with senior staff. Supervisions were completed, and competency checked. Records showed these were regular and up to date. A staff member said, "I receive supervisions every three months and an appraisal annually".
- The service had a lead nurse in paediatric care and the registered manager was an adult's nurse. They were responsible for the clinical training and competency checks for staff.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with senior staff when required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. People were given various levels of support. Some people were supported to eat, and some people were given food and drink through a tube directly into their stomach by PEG.
- Each person had a nutrition and hydration care plan and this detailed which level of support they required.
- Records showed input from dieticians and speech and language therapists (SALT) where required.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us, "We are all involved together to meet the person's needs. They call me straight away if needed".

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The service maintained a close contact with health professionals working with people.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- The registered manager told us they worked closely with and felt supported by their commissioners. A health professional told us, "I have not had any bad experiences with Newcross, just good ones".
- Records showed that instructions from health professionals were carried out. A health professional told us, "They follow our instructions. For example, where a person required support travelling safely in a car, they followed exact instructions to keep the person safe".
- Instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA

- The registered manager had a good understanding of the MCA. Staff had received training, records were complete, and staff told us they knew the key principles.
- Where service provided care for younger adults and children their parents had given the necessary consent.
- The service had worked together with the person, their family and professionals to make decisions in their best interest. For example, for matters relating to their finances. A relative told us, "Newcross have responded to my loved ones needs with respect and recognition of their rights".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "The staff from Newcross are kind". "The staff are kind and caring". "They are nice, they are always singing, playing and larking about with my loved one".
- Staff were introduced to people and their relatives before they worked with them. The service called this a 'meet and greet'. A relative told us how important this had been for them.
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard.
- The service had information available about advocacy services if needed.
- Staff told us it was important for them to support people with choices. Records showed that supported people with choices for different aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A relative told us, "The staff are very good, they treat my loved one with respect".
- People were supported to be as independent as they could be. The registered manager told us that it was important that people kept their independence. A relative told us their loved one's life had been transformed and they felt the effects of their condition had been slowed because staff encourage them to be active.
- Staff members told us they felt it was important to protect people's dignity. One staff member said, "Dignity is all we have, we must sure people maintain this".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Regular reviews were carried out by the registered manager and the lead paediatric nurse.
- People and their relatives were involved in their care. Reviews were held regularly or as things changed. The registered manager completed the review and people, relatives and staff were involved in these. A relative told us, "I have been involved in my loved ones [name] care and Newcross always keep me up to date". Another relative said, "I am fully involved".
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- The provider told us they were transferring to an electronic care plan system in September 2019. They told us this would enable them to update care plans instantly as needed and be able to monitor the care delivered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan which detailed how they wished or needed to communicate.
- Records showed that people's communication needs had been assessed and were known to staff. Communication aids such as eye gaze computer software, pictures and certain verbal prompts were used. An eye gaze system is a way of accessing a communication aid using a mouse that you control with your eyes.
- People's records showed interaction between the service and other specialists involved with communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social activities had formed part of their assessment and care plan.
- Staff supported some people, including children with a variety of activities within their plan. This included supporting children to attend school, adults with social activities such as shopping and holidays.
- The service had regular staff with people and they told us that this helped to build relationships. Much of the support provided supported families to stay together at home which was valuable to them.

Improving care quality in response to complaints or concerns

At our last inspection we recommended that the provider revised their complaints policy to include a reference to CQC and incorporate organisations with powers to resolve complaints. The provider had made improvements.

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to office staff or the registered manager about any concerns.
- The home had a complaints process which was held centrally with the clinical governance team who reviewed and analysed to drive improvements. Records showed the service had dealt with any feedback to people's satisfaction.
- People were confident that their concerns would be dealt with. A relative told us, "I have had no reason to make a complaint but if I did I would contact the registered manager [name]".

End of life care and support

- The service provided care and support for children, younger and older adults with complex health needs. Some people who used the service including children were receiving palliative care.
- Advanced care plans were in place for some people. These gave details of people's or their relatives wishes and preferences for their last stages of life.
- The service did not routinely plan for end of life care. We discussed this with the registered manager who told us that this was discussed in the initial assessment but did not always feed into the care plans. The registered manager told us they would discuss people's wishes and at their next review and told us end of life would be included in their care plans.
- The registered manager told us that it was important to support staff with emotional needs due to the complex needs of the people using the service. Staff told us they felt supported by all the senior staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended that the provider revised its programme of audits and identified how the results feed into an action plan to drive quality in the service. The provider had made improvements.

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager and lead paediatric nurse had completed monthly audits, such as medication, accidents, incidents and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work for Newcross Healthcare Solutions Limited (Bournemouth). They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I think we do a fantastic job". "I actually feel valued. I do feel I have a voice and that it is listened to". "There is always something good about working for Newcross, that's why I am still here, and I will be here next year!"
- Staff, relatives and people's feedback on the senior staff at the service was positive. Staff felt supported. The comments included: "[name] is always very efficient and proactive and do their best". "The care co-ordinator [name] is really helpful". "The team leader [name] is great". A health professional told us, "Any issues have been managed well".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They

told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Relatives told us they felt the service involved them in the care of their loved ones. One relative said, "We are partners in this".
- The service had a six-monthly quality audit carried out by an external company. They told us this report fed into their service action plan.
- The service had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders. Records showed good attendance by staff.
- The service had some links to the local community. The service supported some people individually to access their community and schools which they felt was important.
- Learning and development was important to the registered manager. They attended regular internal meetings, learning hubs and had used online guidance and publications. The registered manager told us, "We always look at ways of improving and we could do differently when things go wrong". The registered manager had the support of the lead paediatric nurse and providers clinical team which were always on call.
- The service had good working partnerships with health and social care professionals. A health professional told us, "When Newcross are providing care packages they work closely with all concerned". Another professional said, "Our partnership with Newcross is good, they always attend meetings".