Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Sussex Service)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Newcross Healthcare Solutions Limited (Sussex Service) is a domiciliary care agency. It provides personal care to adults and children in their own homes. On the day of the inspection, the service was supporting six adults and children with a range of complex health and care needs, such as epilepsy, autism, diabetes, physical and sensory impairment.

People received their medicines safely. Auditing had identified some areas for improvement in relation to how medication was documented on Medicine Administration Records (MAR) charts. Although work was in progress, further improvements were needed, particularly in relation to PRN 'as required medicines'

Some care plans were very detailed, others required more information to inform staff of any needs and risks for that person. Staff demonstrated a clear understanding around safeguarding and knew how to report any concerns.

Support was tailored according to people's assessed needs with an emphasis on personalised care packages. The service worked closely with people to ensure care needs and preferences were adapted to help people maintain independent lives and remain living at home. For children receiving care and support the service worked with parents when assessing and planning care. 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
Newcross Healthcare Solutions (Limited) provided complex care to adults and children. We spoke to everyone who used the service or their relative. People were happy with the care they or their relative received.

The provider had robust recruitment processes to ensure all appropriate checks were in place. Staff received an induction and training before providing care. A consistent staff team provided care for people. This meant that staff got to know people well and built strong relationships with people and their families. Staff were trained and competencies assessed to ensure they could provide safe care and meet people's needs. Changes to care needs were reviewed and care documentation updated. If further training needs were identified staff had this provided.

Quality assurance systems were in place to measure and monitor the standard of the service. The provider and manager completed a number of audits. Further reviews were also carried out by the care associate and nurses. Systems supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way. Actions were identified and taken forward to ensure continued learning and improvement.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.
Right support:
• Staff were employed, trained and allocated to specific care packages to ensure complex care needs could be met. Only allocated staff visited to provide care and support. This meant people received continuity of care.
Right care:
• Care packages were individually tailored and adapted to ensure they met each person's needs and preferences. Emphasis was placed on promoting people's independence ensuring their dignity, privacy and human rights at all times.
Right culture:
• The service worked closely with a number of external professionals involved in the day to day management of people's health needs. Including social workers, paediatric support teams and GP's. Staff felt well trained and supported to meet people's needs.

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

Rating at last inspection
This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected
This is the first inspection for this newly registered service.

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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Newcross Healthcare Solutions Limited (Sussex Service)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
The inspection team consisted of two inspectors.

Service and service type:
This service is a domiciliary care agency. It provides personal care and support to adults and children living with complex care and nursing needs.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager who is currently registered with CQC for another location belonging to the provider was working as manager and was going to register with CQC as soon as possible.

Notice of inspection:
The inspection was announced. The provider was given notice because the location provides a domiciliary care service. We were aware office staff were currently working remotely during the COVID-19 pandemic. We contacted the manager to ensure someone would be available at the office to speak with us.

What we did before the inspection:
We contacted other agencies who work with the service, including local authority teams. We reviewed statutory notifications sent to us by the service about events that had occurred. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection. We spoke with everyone who used the service or their parents and ten care staff.

On this occasion we did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:
We reviewed a range of records. This included three people's care records in full and a further three to look at specific areas relating to their care needs and support provided. We also viewed daily notes and medication records. We looked at two staff files in relation to recruitment, induction and supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke to a paediatric nurse and the head of clinical governance who both work for Newcross Healthcare Limited. We received feedback from continuing healthcare teams and continued to review evidence provided during the inspection process.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Using medicines safely

● Staff knew people well and were aware of when and how people's medicines needed to be administered. Relatives and people using the service confirmed that medicines were given as prescribed. One told us, "Staff have guidelines they follow, X sometimes says they are in pain to get a reaction, staff know them well enough to double check other signs. If X does not appear to be in pain, they distract them and see. They will also check in case any doses have been given by me."

● The service used an electronic care system. The manager recognised improvements were needed in relation to recording of times medicines were given and 'as required' (PRN) medicines records. Actions had been taken to improve this, including staff memos and training updates. The manager told us this was an ongoing process.

● Care staff had completed medicines administration training. Staff had been assessed and competencies reviewed by a nurse to ensure they were able to give peoples medicines safely.

● Pain assessment tools were seen, these helped staff identify when people were in pain who may be unable to communicate this verbally.

● Staff had access to up to date policies and procedures to ensure medicines were managed and administered safely.

Systems and processes to safeguard people from the risk of abuse

● All staff had received training to ensure they were aware how to safeguard people and children from abuse. Safeguarding training was included as part of the initial induction for new staff as well as an annual refresher training for all staff.

● Staff could describe steps they would take if they suspected abuse. Most said they would document and inform management, but staff were aware to go to external agencies if needed. One told us, "If I suspected any type of abuse, physical, unexplained injuries, bruises or saw any areas you would not expect to be bruised. I would make a report and body map and let the office know".

● Staff had access to the current safeguarding policy for adults and children. The manager told us safeguarding was discussed at staff meetings and in staff training. The safeguarding policy could be made available to people in different formats if needed. A whistleblowing policy was also in place for staff, this included details of support available including contact details.

Assessing risk, safety monitoring and management

● Care records were recorded electronically. Care plans and associated risk assessments were completed to ensure staff had access to information to keep people safe. Risk assessments included information about the identified risk and measures to reduce this risk, for example, where staff were working alongside family members providing care, risk assessments had been completed. One person received their nutrition via a

percutaneous endoscopic gastrostomy (PEG). This is a tube that is passed into a person's stomach by a medical procedure to provide a means of feeding or receiving medicines when people are unable to eat or drink. This was managed by their relative, although staff did not assist with this, a risk assessment had still been completed.

● Staff were aware of the risks associated with people's health conditions and care needs. Further risk assessments included moving and handling, pressure area care, challenging behaviour, risk of infection and choking aspiration. Environmental risks had also been reviewed including when people were assisted to go out and for transport.

● People felt safe receiving care and support, one told us, "I have gotten to know the girls well; I feel very safe with them."

● The provider had a dedicated out of hours team providing support. They receive a detailed handover each day and had access to the system. A 24-hour national nurse team were also on call and the clinical governance team available if needed.

● Emergency plans were completed, including contingency plans in the event of fire, medical emergency, adverse weather or staffing shortage.

Staffing and recruitment

● Robust recruitment processes were in place and appropriate checks and information had been sought before new starters began work. Recruitment was co-ordinated by the organisation's head office.

● There were enough staff to meet people's needs. Newcross Healthcare employed a national critical care nurse team manager, to oversee a team of adult and paediatric nurses. Each member of care staff received support and training by a registered nurse before providing care to an individual to ensure people's complex care needs can be met safely.

● Before a new person started using the service, staffing levels and skills were reviewed to ensure there were enough staff with appropriate skills to support people safely. Recruitment was on-going as the service planned to develop and expand. A member of staff told us, "I am able to do as much training as I wish, including courses that are not directly relevant to my clients requirements so I find this excellent as I am able to progress my knowledge and skills."

Preventing and controlling infection

● People were protected by clear infection prevention control (IPC) processes. Staff had access to Personal protective equipment (PPE) and this was worn appropriately. Staff told us they were particularly vigilant as people receiving care were very vulnerable due to their complex health conditions. In response to the COVID-19 pandemic, all people receiving care, or their families had received information with details of COVID-19, PPE, changes to working practices due to the pandemic and guidance. In people's support plans, there were individual plans to keep people safe from the risk of infection.

● Staff had good knowledge in this area and had attended IPC training, including COVID-19 specific training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Learning lessons when things go wrong

● Staff took appropriate actions if accidents or incidents occurred. Information was uploaded onto the electronic system and reviewed by management to identify any trends or themes.

● Actions taken were recorded. For example, staff had reported that one person's behaviour was putting themselves and staff at risk. Actions taken included a review of care plans and risk assessments, liaising with other external health professionals involved in the persons care and the implementation of a behaviours care plan.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- A detailed assessment tool was used to assess, plan and review people's care. This was done in collaboration with the individual and their relatives. For children, parents were involved in all assessment and reviews. A relative confirmed "Since day one we have had complete involvement."
- The initial assessment was carried out and reviewed by the national critical care nurse team manager who looked at location and who would be most suitable to carry out the visits. Further assessments were carried out by a nurse and care associate to ensure the service was able to meet these safely. This included looking at the care plan and any bespoke training staff may require to ensure the person's needs can be met.
- Each new person was reviewed after one week, one month and then by the care team every three months. This ensured that complex care needs were being met and identified any changes or liaison with other health care professionals required.
- The electronic care system was available to staff on mobile devices. This enabled staff to access care planning, reviews, updates and messages, ensuring that they began each shift with the relevant information and were aware of any issues or changes to a person's care needs.

Staff support: induction, training, skills and experience

- Following a person's initial assessment, staffing requirements were reviewed to determine any training needs that may be required. Once care staff had completed training, nurses provided care staff with further support such as shadowing care staff on visits to assess their competencies.
- Nurses skills, training and competencies were overseen by the national critical care nurse team manager.
- People receiving care had a number of complex needs, some of which had associated learning disabilities and sensory disorders. Others had limited verbal communication, or behaviours that may challenge.
- Staff received specific training to ensure people's needs could be met. Staff told us they felt supported and received all the training they needed. This included a comprehensive induction for new care staff which incorporated training scenarios, shadowing and clinical competency assessments by paediatric or adult nurses.
- Staff told us, "I feel very supported by X mainly, but can talk to anyone. She is very helpful, if I text, she always replies, never delayed." A relative said, "The carer is excellent, she knows her job and always has a smile on her face, she and X have a good banter."

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

- Staff supported people's nutrition and hydration needs where appropriate. This included food preparation and assistance with meals. Staff were knowledgeable about people's preferences and dietary requirements. Care plans included detail for staff regarding how to prepare food, any associated risks and

how to support people safely.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support
● People were supported to lead healthier lives. Staff worked closely with other healthcare services including social workers, GP's, and health teams involved in people's care. The service worked collaboratively with people and their relatives to ensure continuity of care at all times. One told us, "Newcross Healthcare and I have an open dialogue."
● Referrals to other agencies were made promptly when required. If changes were needed to care plans following health reviews, care plans were updated and staff informed of any changes during handover at the start of their next shift.
● Staff had access to relevant guidance and protocols which were reviewed and updated to ensure information remained current and relevant.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● Staff received training and care plans placed emphasis on the need to ensure people were actively involved in choices and had the right to make their own decisions. Staff demonstrated a good understanding around MCA. A relative told us, "Staff know X has capacity to make their own decisions and they request things to be done the way they want it."
● Mental capacity assessments had been completed when required. No one receiving care at this time lacked capacity to make their own choices and decisions. For children, parents were always consulted and involved in any changes, updates or decisions about their child's care.
● People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves.

Good

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

This is the first inspection for this newly registered service. This key question has been rated good: 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. Staff providing care worked closely with people and their families. People only had one or two allocated staff who provided their care on a regular basis, this meant they received continuity of care and staff were able to get to know people and their needs and preferences well.
- Care was person centred and people were treated as individuals. Care plans included details to ensure staff were aware what people could do for themselves and where they needed support. Maintaining people's independence was supported and encouraged.
- Staff had built close relationships with people and their families. Relatives told us it was important to them that the carer fitted in well with the family. One said, "They seem to genuinely care, to work with X can be a challenge as they cannot say in words what they want but they have got to know their little ways."
- Treating people with dignity and respect was part of the culture and values of the service. We received positive feedback from people, relatives and staff. Relatives told us, "I love them, and X loves them too, we both feel at ease when they are around." And, "They treat them like any person would want to be treated, 100% dignity and respect." Staff told us, "I am very happy in my role at Newcross." And, "I wanted to support the company with my comments as they have always supported me."

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

- People and relatives said they were regularly provided opportunities to provide feedback regarding the service.
- People were involved in regular reviews and their views were listened to and respected. One person told us, "When I started using Newcross I was visited before they started coming to me, asked me lots of things and I was involved in decisions about my care, this has continued."
- Relatives told us being involved in care decisions was important to them as they provided care for their child when carers were not visiting. Working closely with Newcross staff was vital to ensure that care needs were met. One said, "The support plan is in a folder in the house, I contributed to it. We had a review a couple of weeks ago".

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: 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; 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

- Care planning was personalised and discussed with people and those caring for them when appropriate.
- Care was tailored to the individual. Care plans and associated risk assessments contained guidance to inform staff how to engage effectively with people. There were detailed descriptions about each person's likes and dislikes, how they liked to spend their time and things that may make them anxious or upset, including triggers. Care plans also included information regarding family and important relationships, places and events important to the person, religious and cultural preferences.
- People were supported and encouraged to go out and to continue with hobbies and interests which were important to them. One relative told us, "There is a plan of things to do such as swimming and going to the shops. If X does not want to do something, they are encouraged but never forced".

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.

- Peoples communication needs were discussed and reviewed as part of the initial assessment. Information was provided to ensure staff understood how to communicate effectively with people. For example, one care plan reminded staff not to use long sentences but to use single words to enable the person to understand them.
- If a person had limited verbal communication staff had worked closely with the person and their family if appropriate to help them be able to interpret sounds, body language and understand what these meant. This ensured people were able to express their views and make choices and decisions. Communication needs were reviewed regularly to ensure any adaptations required to assist people were implemented. For example, one person used a picture communication book and computer to enable them to tell staff what they wanted. Relatives confirmed staff had worked hard to ensure they could understand people's verbal and non verbal communication.

Improving care quality in response to complaints or concerns

- People had access to a copy of the organisation's complaints procedure and were aware how to raise a complaint if they needed to. People told us they were very happy with the care being provided but would feel comfortable calling the office to speak to the care associate or manager if they had any concerns.
- Any complaints or concerns received had been investigated. People told us if they rang the office with a

query these were responded to and addressed promptly.
● Complaints were reviewed by the manager and any actions taken forward and fed back to the complainant. Complaints were also overseen by the clinical governance team who completed a monthly report. This meant complaints were reviewed robustly to ensure any trends, themes or learning was identified. We saw evidence of one issue which was currently being investigated and addressed by the manager. Although this was not a formal complaint and more of a query, this had been classed as a complaint by the manager to ensure that it was investigated, reviewed and acted upon in a timely manner.
● The provider had identified a trend across the organisation in relation to professional boundaries. To address this, all staff completed professional boundaries training, and this is included as part of the induction for new starters. A policy was also in place.

End of life care and support
● End of life wishes were discussed at the initial assessment. If a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was in place a 'Reflecting on End of Life' care plan would be completed.
● If end of life care was needed, the service would continue to work closely with the individual, their family and other healthcare professionals to provide care and support.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We identified some improvements were needed to documentation. This was in relation to some care plans and medication documentation. Risk to people was minimal as staff knew people and their medication and care needs well.
- 'As required' medicines (PRN) did not always have a protocol completed to inform staff how and when a medicine should be given. This included pain relief, laxative medication and topical creams.
- Staff had a clear understanding of when and how people required their medicines, and this was supported by completed daily records. People and relatives told us they were very happy with the medicines procedures and confirmed staff ensured these were given correctly. However, medicines information recorded on the electronic system was not always clear.
- Audits had identified that improvements were needed in relation to medicines documentation and work had commenced to make improvements.
- Recent audits had identified that staff were not always documenting medicine administration at the time the medicine was given. This meant that although staff were giving medicines at the correct time, the electronic system was logging the time when staff were imputing the data which might be later in their shift. This had been raised with staff to ensure that medicines were correctly documented at the time they were given. Although documentation had improved there were still time errors showing. This was being addressed with individual staff.
- Some care plans including catheter, bowel care and skin integrity included basic information for staff but lacked detail about the individual. Other care plans, including behaviour support were very descriptive and robust. These provided staff with very detailed information regarding how to recognise triggers and actions to follow if a person became upset or distressed. The manager told us they were working to ensure all care plans were consistently person centred and contained this high level of detail.
- The manager, care associate and clinical governance team completed quality checks and audits to monitor care, documentation, safety and quality of the service. Results were analysed in order to determine trends and introduce preventative measures.
- Care associates, nurses and management carried out reviews to ensure that standards of care remained high. Improvements to care plans had been identified and work was in progress.

Continuous learning and improving care; Working in partnership with others

- Newcross Healthcare has been without a registered manager since December 2020. A new manager had

been recruited from within the organisation and had been working to support the service over previous weeks. They had now commenced the registration process with CQC.

● The service worked with health professionals and other teams involved in people's care. Feedback from health teams included that communication had at times been difficult through the COVID-19 pandemic as the office was closed and office staff, including the care associate were working from home. Although the office was still closed at this time, the manager told us that work was ongoing to further improve communication.

● A COVID-19 'stay safe panel' had been implemented by the provider, this was initially daily online meetings, which have now reduced to weekly. This has now been developed to include other areas and not solely focused on COVID-19. The head of clinical governance told us "A number of really useful initiatives came out of this, and we are continuing with this". This panel enabled the provider to set objectives and targets and results were measurable. This supported ongoing improvements and learning taken forward.

● Feedback from families included that on the rare occasion staff were absent from work, staff cover was not always available. Although many families were happy to provide care at these times, it could cause disruption for families. The manager and provider were reviewing staffing and recruitment was in progress to ensure adequate staffing was in place as the service expands and developed. Alongside recruitment, plans were in place to upskill current staff to ensure that a replacement staff member was available if needed. The manager was aware that this needed to be handled sensitively as some people receiving care did not respond well to change and would not welcome a new staff member without careful and slow introduction. A mental health nurse was also being recruited to work alongside the current nursing team to provide mental health support for people who required this.

● A business continuity plan was in place. This included staff shortages, safe working business planning, training and testing and who to contact in each instance.

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 provider was aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

● People and their relatives were kept informed of any changes or issues however minor. The registered manager was clear that accidents, incidents or concerns would be referred to the appropriate agencies when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Newcross Healthcare had a philosophy of care, values and mission statement. People, families and staff were involved in developing the service. Feedback was sought from people using the service and their relatives to monitor satisfaction with the service provided. Relatives said, "Staff are kind, respectful, honest and willing to learn, the care needs change frequently. I told them, never be afraid to ask for help, always ask, we look after them as a team."

● Staff received supervision and video call staff meetings had taken place. For any staff that did not attend, minutes of meetings were available. Meetings included updates, learning opportunities, for example how to write good daily records. We saw examples of positive feedback for staff, this included memos of thanks being sent. Staff were also invited to nominate each other as part of a recognition scheme.

● People were kept fully informed regarding how care needs were to be met and any changes discussed. One told us, "We are sent emails to keep us informed of changes. The nurse does all the care plan and all the competencies".