Newcross Healthcare Solutions Limited

Newcross Healthcare SOLUTIONS Limited (Barnstaple)

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 23 October and 6 November 2018 and was announced.

Newcross Healthcare Solutions Limited (Barnstaple) is a domiciliary care agency. The agency provides staff to work in care homes and also provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children.

Not everyone using Newcross receives regulated activity; the Care Quality Commission (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. We did not inspect the part of the service which supplies staff to care homes as this was not a regulated activity.

There were 13 people adults and children using the service when we inspected. This was the first inspection since the service was registered in February 2016. Newcross only accepted complex care packages over a minimum of four hours care.

There was a registered manager in place who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The current registered manager was also the registered manager for two other Newcross offices and shared their time between them. There was a trainee manager in post at Barnstaple full-time, who was training to take over the registered manager role.

They were supported by two clinical lead nurses, a team leader and a care co-ordinator who formed the management team. People spoke highly of the management team and the majority said there was good communication between them.

There was a positive culture at the service and people, relatives and staff were encouraged to give their views on the service and influence change.

People were assessed and had a care plan in place. However, these plans did not always contain all the information required to give care in an individualised and personalised way. This was discussed with the clinical lead nurse.

People had their individual risks assessed and plans were in place to manage the risks without restricting people. Staff had access to personal protective equipment and followed infection control practices.

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

asked for their consent before any care or support was given. Where the person was unable to give consent, for example a child, the service worked with the parents who had been authorised to make decisions on their behalf.

Staff were safely recruited and trained to do their jobs. They received supervision and had their competencies checked regularly. People spoke of kind and caring staff who had developed meaningful and trusting relationships with them. One person said, "… they allow me to be me."

There were enough staff on duty to meet people's needs and staff were carefully matched to people based on their skills, knowledge and personality. Staff enjoyed their jobs, felt motivated and listened to. They were trained to deal with emergency situations.

People were supported at the end of their lives to ensure they were cared for in a dignified and appropriate way.

Staff understood people's communication needs and used alternative ways to communicate with people if not in a verbal way. Staff understood their responsibility to safeguard vulnerable adults and had received training on this. There were safe processes in place for the management of medicines.

Staff worked with other healthcare professionals to ensure the best outcomes for people. Staff encouraged people to eat a balanced and healthy diet.

There were ongoing systems in place to continually monitor the quality and improve the service.

People were able to raise concerns and complaints through a formal process. People and their relative's views were sought on the running of the service.

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 safe with Newcross and staff were aware of how to protect people from abuse.

Suitable staff were recruited through a robust recruitment process which helped to ensure only suitable staff were employed to work with vulnerable adults and children. People received safe support with their medicines.

There were infection control processes in place and staff were supplied with personal protective equipment.

Staff were trained in emergency situations and there were crisis plans in place for acute illness.

There were enough staff to meet people's needs and staff were matched to suit individual people.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act (2205) MCA.

Staff worked with a range of professionals to meet people's complex needs.

Staff were trained to do their jobs properly and had their competencies regularly checked. They had supervision to monitor their performance and development needs.

People were encouraged to eat a balanced and healthy diet.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the kind, caring and supportive staff.

A regular team of staff visited each person and meaningful and trusting relationships had developed.

People were treated with dignity and respect. Staff also took into account the wellbeing of people's families and supported them.

Is the service responsive?

Requires Improvement

The service was not responsive in one aspect.

Not everyone had a care plan in place which included all the information necessary to give personalised and individualised care in a consistent way.

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

There was a complaints policy and process in place for people and relatives to follow.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place.

There was a positive culture and staff were encouraged to visit the office.

The provider had a clear set of values which staff promoted.

There were systems in place to check the quality and safety to focus on continual improvement.

There was good communication between the office and people.

Newcross Healthcare SOLUTIONS Limited (Barnstaple)

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 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.

This comprehensive inspection took place on 23 October and 6 November 2018 and was announced on both visits. We gave the service 24 hours' notice of the inspection because we needed to make sure key staff members would be available.

Inspection site activity started on 10 October and ended on 10 November 2018. This was the first inspection since being registered with the Care Quality Commission in February 2016. We identified no concerns and rated it as good.

One adult social care inspector carried out the inspection and was supported by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, trainee registered manager, a registered general nurse, a team leader, a care co-ordinator and six care workers. We visited two people and one child at home, along with their relatives.

We reviewed information about people's care and how the service was managed. These included: three people's care and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Following the inspection, we requested feedback from a further 19 staff and received seven responses We also contacted five health and social care professionals and received five responses and two relatives and received two responses.

Good

Is the service safe?

Our findings

People and their relatives felt safe receiving care from Newcross, knew the staff well and trusted them.

There were appropriate systems in place to keep people safe and reduce the risk of abuse. Staff had received safeguarding training relating to adults and children. They were knowledgeable about what abuse was, how to recognise the signs and who to report any concerns to. Staff comments included, "I would contact my manager and whistle blow" and "Any concerns and I would report it to the office straightaway." The registered manager had a good knowledge of safeguarding and knew the process to follow if required. Safeguarding training was included in the induction process and was continually discussed with staff to ensure they were up to date with their knowledge.

Assessments were in place to identify any risks to people and staff, along with control measures to mitigate the risk. These included individual risk assessments, such as those relating to skin damage, moving and handling and nutrition. Specialist risk assessments were drawn up by the registered nurses if they related to clinical skills, such as if a person required feeding through a tube directly into their stomach (PEG) or needed a catheter. Environmental risks were also identified within people's homes, such as access problems, trip hazards, lighting and pets.

People were kept safe because new staff underwent a robust recruitment process to make sure they were suitable to work with vulnerable adults and children. Appropriate pre-employment checks were undertaken; this included suitable references and a disclosure and barring service check (DBS). The recruitment process was overseen by head office and all information held electronically. However, where gaps in employment history had been discussed, these were not always recorded on the interviewing notes to explain why these gaps occurred. The registered manager said they would improve this practice and ensure all explanations were recorded in the future.

Staffing levels were led by the number of people using the service and meeting their individual needs. Staff were carefully matched to people who the management team thought they would get on with. As some of the people receiving care were children, the family were also included in the matching process. Where packages came to Newcross, if they did not have staff available with the necessary skills required, then the package was not put into place until these staff had been sought and trained.

People received care and support from a regular team of care workers which the management team felt was essential for continuity of care and the development of relationships. Each new staff member was introduced to the family and initially accompanied by a senior member of the team. This meant people always received care from staff they were familiar with and who knew how to meet their needs fully.

The provider had a business continuity plan in place for emergencies, such as inclement weather. This meant the service could continue to support people at such times and prevent as much disruption to the care visits as possible.

Staff were trained to deal with emergency situations and crisis plans were in place. They were also trained in basic life support techniques. Care records included information to guide staff of the correct action to take in an emergency and if a person suddenly became critically unwell, such as calling for the emergency services.

People received their medicines safely and on time. All staff were required to be trained in medicine administration before they were able to manage people's medicines. They had their competency skills checked regularly by the clinical lead nurse. Any medicine errors which occurred were looked at and appropriate action taken, such as staff retraining and competency skills checking. For the medicines which were required to be given via a feeding tube (PEG), there were clear guidelines in place to guide staff how to give these safely, such as by grinding them. Where people refused their medicines, or required medicines just when they needed them (PRN), these were clearly recorded on the medicine administration record.

Staff had completed infection control training and had access to personal protective equipment, such as gloves and aprons to reduce cross infection risks. However, one staff member did not follow the written advice of "wash hands and wear gloves" to give one person's medicine to them. This was discussed with the team leader who took immediate action.

All accidents and incidents were recorded electronically and included the action taken. They were analysed to see if there were any trends or patterns highlighted. These were also looked at by head office who monitored the actions taken.

Good

Is the service effective?

Our findings

People and relatives told us Newcross met their care needs and supported people in an effective way, including those who had complex needs. One person said, "They are my lifeline."

Before people started using the service, they were visited by a member of the management team who visited them to assess their needs and whether the agency could meet them fully. If the person had specialist clinical needs, such as having their nutrition by a feeding tube (PEG), they were also visited by one of the clinical lead nurses.

People using the service had complex health needs which required staff to be competent in a range of clinical skills. This included 'delegated tasks' to the nurses and care team from other professionals, such as the community nursing team. These were extended skills not normally seen in a domiciliary care service, such as looking after people who may require assisted breathing via a ventilator. This meant the care workers were trained in these complex tasks and had their competencies regularly checked. However, the responsibility remained with the Newcross registered nurses and the wider community nursing team.

It is not common practice for a domiciliary care agency to provide this level of care to people in their own homes. This was only possible due to the specialist knowledge and training of the two clinical lead nurses who maintained oversight of the practice. One of the nurses was specialised in adult nursing and the other in children's nursing.

Staff who came to work for Newcross were required to have had at least six months experience in a health or social care setting prior to their employment. This meant prospective staff were already familiar with this type of work. Staff were carefully selected to join Newcross which meant only the right staff with the right skills were employed. On occasions staff were specifically selected to take up a care package or alternatively their details were held on file until a care package became available. This meant only the right staff were assigned to a care package which the management felt would suit their skills, experience and personality.

People received effective care because staff were well trained and had a good understanding of people's needs. There was a training system in place which identified if staff training was up to date. Where staff were out of date with certain training, they were unable to work until this training had been completed and their competencies checked, such as medicine training.

Staff were encouraged to request additional training in specific areas they found interesting or necessary for their jobs. One care worker said, "I am very well trained and I know if there is any additional training I would like or need, they would give it to me ... they put me on a course to refresh myself to give me confidence … I couldn't have done without it." Another staff member said they had recently completed a course on a specialist condition to help them in their work.

Staff received the relevant training which gave them the skills and knowledge to support people in the right way. New staff undertook induction training, which included a period of 'shadowing' an experienced care

worker. Staff only worked alone when they were competent and felt confident to do so. One care worker said, "When I go to a new client they go through the care package with me so I'm fully informed beforehand."

New staff who had no formal qualifications in care were supported to undertake the Care Certificate (recognised as best practice training). Staff had their competencies checked regularly and also received unplanned 'spot checks' (hands on care practice in people's homes). One care worker commented, "They do come out and check me and make sure I know what I'm doing … they do spot checks … if I am doing something that's not the correct way they tell me … that is helpful."

Staff received regular supervisions and an annual appraisal which they felt helped them in their job roles. One care worker said, "Yes it (supervision) is useful so I can give them feedback".

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 made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.

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. People said staff gained their consent before carrying out any care or support. People had signed consent forms in their care records. Mental capacity assessments had also been undertaken where necessary, for example when people were unable to make all decisions for themselves.

Care workers supported and encouraged people to maintain a balanced diet by encouraging them to have a meal of their choice and type. Some people received their nutrition via a tube directly into their stomach (PEG). Staff knew how to manage this task effectively and in accordance with the person's preference of time.

People were supported to have access to healthcare services and ongoing healthcare support. This included GP's, occupational therapists, dieticians, specialist nurses and other professionals. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals.

Good

Is the service caring?

Our findings

People and their relatives were positive and complimentary of the staff who supported them. They told us they were treated with respect and dignity by staff who had built up trusting relationships with them.

When we asked one person what is was they liked about the care staff, they said "Because they are so helpful, but they allow me to be me." They went on to say, "They take the struggle out of life and they care for me and my wellbeing … it's the little things they do that mean a lot to me."

One person told us how they had enjoyed a holiday with their family. This was only possible because the staff member who regularly supported them had agreed to go with them. They spoke of the fantastic time they had spending time on fairground rides which was a favourite interest of theirs. They told us "(staff member) made me feel safe … she was constantly making sure everything was OK … she could see when I started to get stressed and helped me. She also gave me time with my daughter on my own which I really appreciated." They went on to tell us it was the first holiday for many years and they could not have gone without the staff member.

A relative told us how much support and kindness they had experienced from the agency in caring for their young child. They told us the agency was "amazing" and "brilliant". They went on to say how their child's face lights up when they told them who was coming to look after them. Despite limited understanding, they knew from their facial expressions they were happy with the staff members. They told us one of the most important things which had helped them was a consistent team of staff. This had helped them to trust the staff to look after their child safely. They had built up excellent meaningful relationships with them who they saw as an extension of their family.

The agency cared and supported people and their families who worked alongside them. They cared for the whole family and aided their wellbeing. In one family, this meant supporting relatives who asked for guidance as to where to find the help they were looking for. One relative said, "They are also kind to my (family member) which is such an important part of it too." Through observations, there were excellent relationships developed between staff members and relatives who were genuinely happy to see them.

A relative told us how staff treated their family member with respect and dignity by "not speaking about her in front of her … they are very good regarding her dignity." They continued to say how they felt the staff "genuinely seem to care for her." They added that they felt staff were proud in their work if their relative gave them a "really big smile" as this meant a lot to the staff.

Another relative spoke highly of the staff member who supported their son and family. They went on to say it was difficult to have their privacy taken away at times. This was because a staff member was nearly always present with them in their home due to the complex needs of their son. They told us how important it was to have the right staff member who fitted in with them and their lifestyle. They said, "They are part of the family and we work as a team."

One relative told us the agency had on two occasions gone above what was expected of them. They gave one example of when one care worker had been taken ill and the only available alternative care worker was a non-driver. The office staff drove the care worker to the person to ensure they received their care. This was approximately a ten mile trip to get there. The relative told us of another occasion when one care worker had problems with their car, but still went to work and resolved their car issues after their shift, rather than be late or miss the care call completely.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives were involved in developing their care and support plans. These plans were developed from information initially provided by the commissioners of the care and from an assessment of specific needs carried out by the management team at Newcross. Newcross was a relatively small agency with 13 people receiving care at the time of inspection. One of the service commissioners said, "Newcross are limited in not accepting packages less than four hours duration." This meant that those care and support packages referred to Newcross were generally those that required more complex care and bespoke care packages.

When the management team at Newcross completed an assessment of a new care package, this was then sent to head office for authorisation from the clinical governance team. No package of care was started until this authorisation had been received. This meant it was a further check to make sure the person's needs could be met fully. When authorised, the care package could commence.

Each person had care and support records in place. However, these did not contain all the information required to ensure people received consistent, individualised care. Care records contained some relevant information and assessments, but little detail about how people preferred their care to be given. For example, one child was supported by a staff member. From the care records, there was no guidance about what the staff member needed to do to support the child and their family.

A second care record related to a person who had complex needs. Whilst there was information relating to certain tasks in the care records, there was no guidance or plan to follow. For example, how the person liked to have their personal care and their preferred activity interests. This person's family member had written and put a care plan in place themselves to guide staff. A third record contained no information whatsoever as to what the staff member should do in their role and no personalised information about the person's individual preferences.

The clinical lead nurse, who had completed these care records, said the electronic system had glitches at times. They went on to say, "We can only write in what the iPad tells you … we don't have the autonomy to write the care plan as it is pre-populated." There was one occasion when they were unable to use the iPad to put a care plan in place due to the system being down. The clinical lead nurse had escalated their concerns to the clinical governance team and there was a working party looking at this issue. They felt the records were suitable for home care but not of the complex care type. The lack of records had a minimum impact on people as staff knew their needs well and what was expected of them.

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. For example, one person who was unable to communicate verbally used eye contact and facial expressions to communicate with staff which was recorded in their care records. Staff ensured

people had their spectacles and hearing aids on when needed.

The management team knew all people and their relatives well and kept in regular communication with them. Each person or their relative received a courtesy telephone call at least once a week to ensure they were happy with the service. One relative said, "They (management team) have been excellent … anything we have needed we have got … they are always checking to make sure everything is OK and are very efficient."

With the exception of one relative, people and relatives felt listened to and were assured that any concerns they had would be listened to. One relative explained when they have had concerns, they "have been dealt with well" and not needed them to make a formal complaint. All complaints were held electronically and graded according to their seriousness. They were escalated to an appropriate level within the organisation to decide how and by who they needed to be investigated by. Any concerns regarding a clinical issue were investigated by a lead nurse. The complaints procedure required outcomes to be recorded for each event, together with any action that was taken to prevent a reoccurrence. All complaints were overseen by head office until resolved.

The complaints policy and procedure underlined the correct process to be taken, but these did not include the contact details of the commissioning authorities or the local government and social care ombudsman. They did not include information relating to the CQC not being able to investigate complaints. The registered manager said they would feedback this information to head office for review. Following the inspection, we were sent an updated copy of this policy and procedure.

The service provided end of life care for people and children. Where people required this care, two care workers were allocated to cover all care calls so the person was familiar with the staff who were to look after them. The clinical lead nurse was a specialist in palliative care (end of life) nursing and supported people and staff with their up to date clinical knowledge. The service worked in conjunction with the local community nursing teams, hospice and GP's to ensure the person's needs were fully met.

Good

Is the service well-led?

Our findings

People and relatives told us the service was well led. They were complimentary of the management team and the good communication between them. One relative who had recently arranged care for their family member said, "Newcross are so much more efficient than the last service … they have been excellent and been out several times to see us. (Trainee manager) even rang me last night to check everything was OK."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management structure in place and people and relatives were aware of who managed the service. The current registered manager of the Newcross Barnstaple branch was also the registered manager of two other Newcross agencies in Yeovil and Taunton. They divided their office time across all three services. They were available to speak with by phone or email when not physically at the office. They were supported by a trainee manager, who oversaw the day to day running of the service and was based in Barnstaple. Their aim was to take over as the business services manager and apply to CQC to become the registered manager of the Barnstaple branch in the near future. The management team were supported by two clinical lead nurses, a team leader and a care coordinator.

The management team all had clear roles and responsibilities within the organisation. They respected each other's knowledge and skills and worked well together. All care staff were happy in their jobs and enjoyed working for Newcross. Comments included, "I adore it" and "It's not all about financial targets here". The management team were supported by a regional manager, a human resources (HR) team and a clinical governance (CG) team. Since becoming registered in February 2016, the agency had been consistently compliant with the regulations and sent in the required notifications to CQC when necessary.

The clinical lead nurses worked alongside the team and provided specialist clinical knowledge in carrying out assessments, care, training and competency checking. They in turn were supported by senior nurses within the organisation to ensure the requirements of their nursing registration were kept up to date.

There was a positive culture in place at the agency, which was open and inclusive. The provider had an up to date statement of purpose in place which underpinned the philosophy of care delivered to people. It incorporated the vision and values of the service which were reflected by staff. There were also up to date policies and procedures in place to support decision making and give staff guidance.

Staff were encouraged to 'drop in' in to the office just for a chat. The management team welcomed staff to the office, along with their children and their pets. They felt this encouraged staff to visit more frequently and prevent isolation in their work. Staff enjoyed working for Newcross and said there was good communication with the office. Comments included, "I've been a carer for years … I absolutely love my job and it's good to give something back … clearly the best one (agency) to work for" and "No matter who you

speak to in the office, there is always someone to help."

All staff overwhelmingly felt supported, listened to and motivated in their job roles. Three people gave examples of specific experiences when they were supported with personal issues in their lives. Staff comments included, "In terms of the support they offer me, nothing can be improved they are brilliant", "They are a very supportive company and I feel valued" and "Management are always approachable and willing to act on my questions … really nice and offer good support."

All staff told us there was good communication with the office and they could always get hold of someone for advice. Comments included, "Communication is absolutely amazing. If I have a problem I phone and there is always someone there" and "There is always someone there to talk to." Staff were kept up to date by attending meetings, receiving newsletters, emails and other methods such as social media and telephone apps. Staff felt this kept them informed of relevant information and ensured all information was cascaded to staff from head office.

The provider had some staff incentive awards in place which made staff feel valued. For example, the 'recommend a friend scheme' and the 'summer incentive'. They were also introducing a 'flex pay' system to offer fast payment system where staff could receive part of their pay immediately they had completed a shift. The provider had recognised some staff needed quicker payments than the standard time for salary payments.

Systems were in place to monitor and review the quality of care given with a view to continuous improvement. The management team carried out a series of regular audits, such as those relating to care plans, medication records and staff training records. The regional manager, HR team and CG team also carried out audits of electronic or paper records to ensure compliance was achieved, such as staff recruitment, complaints and incidents.

Where deficits in record keeping were identified, an action plan was drawn up until the issue was resolved. An example of one issue identified through the audit was that staff training records were not up to date. This had resulted in all the staff's training records being reviewed.
However, some of the action plans did not always include a timescale for completion so it was difficult to follow whether the actions were still ongoing. This was discussed with the registered manager who said they would amend the records to make them clearer.

People were encouraged to give feedback about the service and influence changes. Regular satisfaction surveys were sent out by head office. However, the response to these surveys were not fully analysed to show details of the feedback and specific areas for improvement within each branch. The registered manager said they would feedback to head office as they would find more detailed information useful to identify any trends or patterns of particular areas they needed to improve upon. Other informal feedback was received through the regular conversations between people and the staff who supported them.

The agency worked in partnership with other organisations to ensure people's needs were met fully and were building up relationships with health and social care professionals. A service commissioner said, "Newcross have engaged with us a number of times … there has been an improvement in the engagement on governance matters over the last few months."