

Newcross Healthcare Solutions Limited

Newcross Healthcare

Solutions Limited (Norwich)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Newcross Healthcare solutions (Norwich) is a new domiciliary care agency providing personal care and support to people living in their own homes in the Norwich and wider area of Norfolk. Their focus is on specialist care for adults and children with complex and life limiting conditions. The provider already acted as an agency providing care staff to other provider's locally, however this was a separate service and was not included in this inspection. At the time of this inspection three people were receiving a personal care service in their own home.

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

Feedback from people using the service was positive and all the people we spoke with recommended the service.

People felt safe around the staff who provided their care. Staff understood their role in protecting people from harm and abuse. Care plans and risks assessments were person-centred and detailed. Recruitment practice was thorough and ensured there were enough staff of appropriate character to provide consistent support. Staff were trained in the administration of medicines and infection control measures were in place.

People's individual needs and requirements were assessed with them before their care started. Staff received appropriate induction and training and people said staff were skilled in providing their care. Staff monitored people's health and helped them access health and social care services whenever needed. People were supported to have a balanced diet and assisted effectively with their care needs. 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. However, the policies and recording systems used in the service did not always support this practice. We have made a recommendation about assessing mental capacity.

People described the staff as kind, caring and professional. People were encouraged to actively participate in their care planning and were given opportunities to feedback on the service provided. The staff actively encouraged people's independence and dignity.

The care planning was person-centred and responsive to people's needs and preferences. People had not needed to make complaints but knew how to do so and felt communication with the service was effective. The service worked with people and their community health professionals to plan and provide personalised end of life care.

People felt management and staff at the provider's office were well-organised, approachable and took their views on board. Staff felt well-supported and valued by management. The provider used quality assurance systems and best practice forums to monitor and drive improvement in the quality and safety of people's care.

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 15/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based upon the service's registration date.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Newcross Healthcare Solutions Limited (Norwich)

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

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to gain consent to contact people using the service.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from local commissioners. 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 this information to plan our inspection.

During the inspection

We spoke with two relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, clinical lead nurse and four care workers. We reviewed a range of records. This included all three people's care records. We looked at two 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 training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- The service had not yet needed to make any safeguarding referrals at the time of this inspection. However, the registered manager understood their responsibility to report any potential safeguarding concerns to the local authority. Policies and procedures were in place and there was an internal safeguarding helpline to support staff when required. Information regarding the external local safeguarding helpline was not included but the service agreed to immediately update their policy to include this information.
- All staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse.
- People told us they felt protected. One relative told us, "My [relative] is very safe with the carers."

Assessing risk, safety monitoring and management

- Assessments of risks to individual people were detailed and accurate. They specified what actions staff needed to take to mitigate the risks. This included risks such as falls, moving and handling, support with nutrition and supporting people during times of distress.
- Monthly audits of risks were completed, and actions taken where necessary to update practice and mitigate risks. It was not always clear from people's daily notes or support plans what action had been taken to mitigate newly identified risks as these were recorded and followed up centrally. Good care provision and communication meant there was no impact on service users. The registered manager agreed to ensure actions were clearly recorded in people's records in future to enable accurate monitoring of mitigating actions and risks.

Staffing and recruitment

- The service operated a robust and thorough recruitment process to ensure staff were of appropriate good character to provide care in people's homes.
- There were enough staff to ensure people's needs were met fully and visits were of an appropriate length. There were no missed visits. The service used a mobile app to enable live communication, monitoring of care visits and keep people informed of any potentially late visits.
- People told us they usually had the same staff who supported them. Staff reported rotas are completed two weeks in advance and they usually visited the same people which enabled them to become familiar with people and build positive relationships. One relative told us, "[We get] good consistency, two staff who [person] is getting to know. They have worked out how to monitor [the person] from a distance as [the person] needs their space."

Using medicines safely

- The service was not currently providing support with medicines administration for anybody. The service

reported they had appropriate policies and systems in place and were capable of administering medicines when a person required this support.

- Staff were trained in the administration of medicines and could describe how to do this safely. The service advised staff's competency to do so would be checked regularly once medicines administration was being completed.
- We found one instance where a carer had supported a person to take an 'as required' (PRN) medicine without suitable risk assessments and medicines administration records in place. This had been appropriately completed following instructions and in consultation with their relative to minimise the risk presented at the time. However, this incident had not then been analysed or any further steps taken to assess and mitigate against potential recurrence without suitable guidance and records in place. The registered manager agreed to do so immediately.

Preventing and controlling infection

- Staff were provided with suitable personal protective equipment such as gloves and uniforms.
- All staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection, such as changing gloves between individual tasks.
- People told us staff took appropriate infection prevention precautions when assisting them with personal care and food preparation.

Learning lessons when things go wrong

- Apart from the one incident noted earlier, where staff assisted with medicine administration in an emergency, the service did not report any significant incidents to consider.
- The service was aware of the importance of completing a clear analysis of incidents with actions and lessons learnt shared where required. We noted staff meetings were used to discuss situations and promote good practice.
- There were appropriate policies in place and staff were aware of when to report incidents or concerns.

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.

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.

- Where restrictions were in place it was not always possible to confirm that these decisions had been made in line with the law and in people's best interests. The service had not always completed mental capacity assessments to establish if people had capacity to make specific decisions affecting their care. For example, one person was noted to have 'limited mental capacity'. Their relative had given guidance on the support the person required. However, there was no mental capacity assessment or record of the decision about the care being made in their best interests.

We recommend the provider consult current guidance on recording mental capacity assessments and best interest decisions in relation to specific decisions about people's care and take action to update their records accordingly.

- Staff told us they had training both in dementia care and the MCA. They understood and worked within the principles of the MCA. Staff knew the importance of seeking people's consent before offering care and supporting people to make their own choices. They said they always offered people choice and supported this where necessary by showing people the options such as what to eat or wear. One staff member told us, "We always try to talk options through, offer alternatives, discuss any risks."
- Where a person had someone appointed to act on their behalf when they lacked capacity to make a decision, such as power of attorney or deputy, this was appropriately recorded.

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

- People had an assessment of their care needs before the service began working with them to ensure their

needs could be met. Assessments included the person's support network, history, interests and their desired outcome from the visits.

- Care and support were planned in line with legislation and nationally recognised guidance were used in delivering the service. All assessments were checked for quality by the provider's clinical governance team prior to commencing a service.
- The service had recently recruited a registered nurse as the clinical lead to support with healthcare issues, complete assessments, offer guidance for staff and monitor staff competencies.
- One relative told us, " [Setting up the service was] very good. [The registered manager] visited [my relative] at home and introduced the carer. They liaised with me and my [relative's] main carer. [They were] very good at communicating."

Staff support: induction, training, skills and experience

- Staff told us the induction and training programmes in place were helpful and in-depth. One staff member told us, "Training is brilliant. If we need anything extra, they will support us."
- New staff were provided with on-line and classroom-based training, and completed a virtual shift assessment as part of their induction. They were supported where necessary to complete the Care Certificate, an industry recognised national training programme for staff working in health and social care.
- Staff had regular checks and refresher training on their key skills and competency. Records showed all staff were up-to-date with their training.
- One relative told us, [My relative] receives excellent care... [the staff] know what they are doing."

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

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- Staff were knowledgeable in meeting people's nutritional needs, for example a staff member explained the impact of swallowing difficulties on a person's diet.
- Where people were assessed to be nutritionally at risk, appropriate measures such as food and fluid charts and guidance from specialist healthcare professionals were used to help minimise the risks.
- Oral healthcare plans were in place to monitor for issues impacting on health or dietary intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us the care provided was effective, staff attending were consistent and usually arrived on time.
- The service used a mobile app which enabled messages to be shared quickly and effectively.
- The provider liaised with appropriate healthcare and social care professionals when required. For example, referring people to community nurses or requesting specialist assessments such as speech and language or occupational therapy.
- Staff supported people to attend healthcare appointments where needed.

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

- We had positive feedback from people we spoke to regarding the professional and caring attitude of the staff. One relative told us, "[Staff are] very kind. [The person] is not distressed or agitated with them, so must be happy as [the person] finds new people or situations hard and is still very able to voice when not happy." Another said, "[staff] are very sympathetic to [the person's] needs."
- Individual choices and preferences were respected. For example, one relative told us, "They offered gender of staff and have provided female as requested."
- Staff considered and respected people's diversity. Care documentation included information about people's life history, marital status, religion, and disabilities. This meant staff were aware of people's diverse needs and what was important to them.

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

- People and their relatives were visited prior to care starting, to gather their preferences and objectives. The subsequent care plans were shared with the person and/or their relatives as appropriate to ensure the reflected people's wishes. One relative told us, "The care plans were seen by me and discussed." Another relative said, "They have checked in with me several times since starting."
- New staff were usually introduced to a person prior to commencing care visits to build a rapport and confidence in the service. One relative explained, "They have made an effort to get to know her."
- People told us staff were attentive to their wishes and the care never felt rushed. One relative told us, "Staff listened to and acted on [what they said]."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were always respected. One relative explained, "They've coped with my [relative] being very private and have been very sensitive and caring, judging [the person's] responses well."
- Staff promoted retention of independence as much as possible. For example, encouraging people to mobilise where appropriate, even if only for a few steps or participating in aspects of their personal care such as washing accessible parts of their body. One relative told us, "They allow [my relative] what independence they can manage but step in when needed."

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

- Care plans were detailed to ensure people received individualised care which met their preferences and requirements.
- People received a person-centred service from staff who knew them well. One relative told us, "Staff were introduced by [a member of the management team] when first attending; there is a consistency and [staff] are aware of my likes and dislikes."
- The service was introducing documentation entitled 'What is important to me' completed by people using the service, to further improve personalisation.
- The service provided reviews regularly or when significant changes occurred to ensure people's needs and objectives remained accurate and up-to-date. When significant changes occurred, staff were sent alerts to keep them informed.
- People told us communication from the services was very good and they were responsive to changes in needs. One relative explained, "[The service gave an] excellent response to changes - very accommodating, especially at Christmas - they stepped in at short notice. Came back to me very quickly. Very responsive."

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.

- People had individual communication plans. One person's care plan noted the person often declined to use their communication aids and detailed options to aid alternative communication methods when supporting the person.
- Information was available in other formats such as large print and picture cards and the service was able to offer a variety of languages in-house when required.

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

- The service offered support to attend community activities and many of the staff were able to take people out in the staff's own vehicles. For example, one person was supported to spend time at their local pub.
- The service also provided respite and support to enable relatives time off from their caring roles which helped sustain the relationships and their care. Relatives told us they felt listened to and supported.

Improving care quality in response to complaints or concerns

- At the time of this inspection the service had not received any formal complaints.
- The registered manager explained they saw complaints as an opportunity to improve the delivery of the service. They understood the importance of the service being held to account.
- People told us they had not had cause to complain but knew how to do so if required. One relative told us, "[the service is] very good at communicating."

End of life care and support

- At the time of this inspection, the service had recently been supporting a person with end of life care. We saw the service had received compliments about end of life care from a relative who described, "Everything marvellous."
- There was a 'Do not attempt resuscitation order' and thorough advanced care plan in place which detailed the person's end of life care wishes. Planning ahead for when people may no longer be able to communicate their end of life care wishes is sometimes called 'advance care planning' and is an important part of personalising end of life care.
- Staff were positive about the training in end of life care.

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 'Good.' This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People we spoke to were very complimentary about the quality of service they received. One relative described the care as, "Excellent...the agency seems well run. I know who the manager is, and they do listen to me."
- The service had a clear ethos and strategy to provide personalised quality care. The culture of the service was welcoming, friendly and person-centred. Staff and people using the service all reported the office team were approachable, helpful and communication was good.
- The operational systems were well organised. The controlled growth of the service meant that staff were able to give personalised responsive care. A relative told us the service was, "Always clear about what they can do."

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

- The registered manager took an open and transparent approach to inspection and was responsive to issues identified. They understood the importance of their duty of candour responsibilities when things go wrong.
- The service had regularly sought individual feedback from people using the service and these showed positive comments on the care received. As a new service they were planning, but yet to complete, an annual anonymous quality assurance survey of both people using the service and staff survey. They planned to incorporate outcomes from this survey into a service development plan.
- Staff meetings were regular and well attended. Staff told us they were involved in discussions about the service and that their feedback was sought. Staff received regular supervision and observations of their practice.
- The service invested in its staff and understood the benefits for those people who used it if they were cared for by staff who felt valued and cared for. One staff member told us, "[The registered manager] sends us emails whenever they get good feedback and just generally regularly thank us. I feel appreciated."

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

- The office team showed a good understanding of their individual roles and spoke with each other through the day as to what was happening and what needed to be done.

- The addition of a clinical lead role to the management team demonstrated the service's plan to further develop and provide skills in complex care and support.
- The service had a system of monthly audits to monitor risks and quality. These in turn were monitored by the provider's clinical governance team. The use of the audits required further development and embedding to ensure the registered manager had adequate oversight of the quality of the service as it grew. For example, the audits had not picked up where mental capacity assessments required improvements. The registered manager agreed to review the audits in conjunction with the provider to maximise their effectiveness.
- The registered manager was aware of their regulatory duties to report certain events and had done so where required. This ensures CQC can monitor the quality of the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership and collaboration with key organisations to support care provision and joined-up care. This included working with hospital discharge teams, other allied health and social care professionals and other providers.
- The registered manager was keen to provide a skilled and up-to-date service and attended a variety of forums designed to support and share best practice. For example, oral healthcare plans had been implemented following a recent presentation at a provider's forum.
- The provider had bespoke care planning software but was planning to bring in a more comprehensive database package to incorporate all aspects of the service delivery.