Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Ltd (Isle of Wight)

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

Newcross Healthcare Limited provide a range of care services. This inspection relates to the personal care and support provided by their Complex Care team to people living in their own homes on the Isle of Wight. They currently provide a total of 403 hours of care and provide support each week to three people, including adults and children with a variety of complex care needs. People received a variety of care hours from the service, from three to 22 hours per day, depending on their level of need.

The inspection was conducted between 28 June and 1 July 2016 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

There was not a registered manager in place. The manager was due to leave the service the week after inspection and the deputy manager was in the process of applying to CQC to be registered as the manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People received highly personalised care and support that met their individual needs. Care plans provided comprehensive information to enable staff to provide effective care and staff encouraged people to remain as independent as possible.

People and their families felt safe and trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the environment or the health and support needs of people were assessed and managed effectively. There was a business continuity plan in place to deal with foreseeable emergencies.

Medicines were given safely by staff who had been suitably trained. Staff recruitment practices were robust and helped ensure only suitable staff were employed. There were enough staff to support people. Staff were reliable, arrived on time and stayed for the agreed length of time.

Staff were knowledgeable and had received training to support the complex care needs of the person they supported. They felt confident and competent in the use of specialist equipment. They completed an effective induction programme and were appropriately supported in their work by supervisors, managers and a registered nurse.

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Staff monitored people's health and referred them to other healthcare professionals when needed. Staff were familiar with, and followed, legislation designed to protect people's right.

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. People described them as "dedicated" and "kind". Staff protected people's privacy and involved them in decisions about their care.

The provider sought and acted on feedback from people. There was a suitable complaints policy in place and people knew how to complain. Complaints were welcomed and seen as an opportunity by senior staff to identify and make improvements.

People told us the service was well-led and said they would recommend it to others. There was a clear management structure and staff were required to work to a clear set of values.

There was a comprehensive quality assurance process in place which focused on continually improving the service provided. A wide range of audits was completed to assess and monitor the service, together with surveys of people and their relatives.

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 trusted staff and staff knew how to identify, prevent and report safeguarding concerns.

Potential risks to people were assessed and managed appropriately. Medicines were managed safely and administered by staff who were suitably trained.

Staff were reliable and there were enough staff deployed to meet people's needs. Recruitment procedures were robust and helped ensure only suitable staff were employed.

There were plans in place to deal with foreseeable emergencies.

Is the service effective?

Good

The service was effective.

Staff knew how to meet people's needs. They were suitably trained and supported in their work, including in the use of specialist equipment.

Where people were supported with their meals, they were encouraged to maintain a balanced diet based on their individual needs.

Staff followed legislation designed to protect people's rights and freedoms.

People were supported to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion.

Staff took care to be as discreet and unobtrusive as possible when working in people's homes. People's privacy and dignity

were protected at all times.

People and their families were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

Care plans were comprehensive and were regularly reviewed.

The provider sought and acted on feedback from people. There was a complaints policy in place and complaints were used to improve the service.

Is the service well-led?

Good

The service was well-led.

People and their families felt the service was organised well. There was a clear management structure in place.

There was a clear set of values which staff were required to work to. They understood, and were committed to meeting them.

A suitable quality assurance process was in place, including audits of all aspects of the service and the monitoring of staff performance.

The service had an open and transparent culture. CQC were notified of all significant events.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was conducted by one inspector between 28 June and 1 July 2016, The inspection was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Before the inspection, we reviewed information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people who used the service, or their relatives, by telephone. We spoke with the manager, the deputy manager and four staff members. We looked at care records for three people. We also reviewed records about how the service was managed, including staff training and recruitment records.

At our previous inspection, in January 2014, we did not identify any concerns.

Good

Is the service safe?

Our findings

People and their relatives told us they trusted the staff who supported them. One person said, "I feel very safe with them. There's nothing that worries me."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training for adults and children as part of their induction. This training was refreshed yearly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. One staff member said, "If I thought anyone was being abused, I'd go straight to my boss or the branch manager. They wouldn't ignore it; they'd take it seriously." Staff occasionally handled people's money when they bought shopping for them. A suitable procedure was in place for this, to protect people from the risk of financial abuse, including recording purchases and keeping receipts.

People were protected from individual risks in a way that supported them and respected their independence. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. One person was susceptible to infections when they were receiving certain treatments. Staff were aware of this and took necessary precautions to protect the person. The person's relative told us "One staff member signed herself off sick due to an infection they were carrying, very sensibly."

Where people required assistance to take their medicines, they were managed and administered safely. The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. For some people, the help required was limited to verbally remind them to take their medicines; for other people staff needed to administer medicines to them regularly, for which they had received appropriate training. Following the training, the registered nurse assessed their competence and offered further support if necessary. Some people received their medicines directly into their stomachs via tubes. Staff who administered medicines in this way had received additional training and checks of their competence to do this. One person was also prescribed a rescue medicine to be administered if they had a seizure. There was a clear plan in place for this and staff understood how and when it should be given. Records confirmed that people received their medicines when required.

Robust recruitment procedures were in place to help ensure that only suitable staff were employed. The provider had recently introduced an online application form that checked there were no gaps in the employment history of applicants. If any were found, the application could not be submitted until these had been filled in. Staff files included records of interviews held with applicants, together with references checks. In addition, checks were made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions. The provider also had a specialist team that checked staff members were

entitled to work in the UK.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The provider recruited and deployed staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. The office staff produced a staff roster each week to record details of the times people required their visits and which staff were allocated to each person. People and their relatives told us staff were reliable and arrived on time. A family member said, "Time keeping has been very good; staff are always there early and stay late to make sure the handover is seamless." Staff were required to use a 'phone buddy' system to record when they started and ended each visit. If they did not do this, an automatic alert was sent to the provider's central 'on call' service to alert them. Staff in this unit then made enquiries to establish where the nominated staff member was and, if necessary, deploy another staff member to attend to the person.

The service had a business continuity plan in case of emergencies. This covered eventualities such as extreme weather. It included contact details for all staff and information showing which staff lived closest to each person, so they could respond more easily if the transport network was affected. Care records included 'crisis plans' when necessary to advise staff of the correct action to take in an emergency. For example, one person had a condition that put them at risk of experiencing a sudden increase of blood pressure. Staff understood the potential triggers for this, the symptoms the person would display and the emergency action they should take.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who met their needs effectively. A person told us, "Staff are competent and know what they are doing." A family member said of the staff, "The quality has been excellent. We have been able to sleep at night, knowing that they will call us if they have any concerns." Another family member said, "I've taken more respite days away than I ever did with [a previous care provider] because I feel confident with the care team."

Most people receiving support from the service had complex care needs, including Percutaneous endoscopic gastrostomy (PEG) which is a tube that allows food and medicines to be given directly into the stomach, tracheostomies (tubes inserted into the windpipe to help people to breath) and non-invasive suction needs. An assessment of the person's care needs was completed by the service's nurse. They then arranged for care staff to receive all the necessary training to enable them to support and care for the person. This was provided either by the service's nurse, a community nurse or another specialist. Following the training, each staff member had their competency assessed to help ensure they could deliver the necessary care in a safe and effective way.

One person required support to use a ventilator and could not be discharged from hospital until suitable arrangements had been made for them to receive this care at home. Staff from Newcross worked with a multi-disciplinary team at Southampton General Hospital (SGH) to identify and design a suitable package of care for the person. This required the recruitment and training of eight additional staff. Each of these staff members attended SGH for several days to work with specialist nurses in the Long Term Ventilation team to learn how to operate the equipment correctly. Their competency was then assessed to make sure they would be able to care for the person effectively when they returned home. Staff also used this opportunity to develop a positive relationship with the person and their family.

Staff said they felt confident to use specialist equipment. A staff member told us, "I went over to SGH to learn about the ventilator and feel well equipped to use the kit." Care records showed people had received effective care in line with their assessed needs. The use of equipment, such as suction apparatus or devices to assist people to cough was recorded, together with the outcome in each case.

In addition to the specialist training to meet people's complex care needs, staff also completed all of the provider's mandatory training. This included medicine administration, infection control, safeguarding adults and children, and supporting people to re-position safely. The provider's computer system was designed to prevent staff from being assigned to support people if their training had, or was about to, lapse. This helped ensure that staff knowledge remained current. A family member told us, "All credit to Newcross, the night girls know exactly how to use the slide sheets; they're well trained in moving and handling."

New staff completed an appropriate induction programme when they started working at Newcross. The manager told us most staff they recruited had previous experience. However, arrangements were in place for staff who were new to care to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Senior staff received supervisory training to help equip them for their role. A supervisor told us they had attended 'Team leader induction training' at the provider's head office and was being supported to obtain a management qualification. A senior staff member said of Newcross, "It's a good company to work for. I'm well-supported and there are lots of learning opportunities."

All staff received a range of supervisions with the manager or a supervisor. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. In addition, staff received, and could access at any time, support from the service's nurse, who provided guidance and support about the clinical aspects of their work, such as the use of equipment. Staff who had worked at Newcross for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year. The assessment included feedback from the person they supported. A staff member said of the management, "After you've started with someone new, they ask how things are going; they also talk to the client to check how it went from their perspective." Another staff member told us, "We're very much trusted. We get fair training and they support us when we need it."

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Dieticians were involved in people's care and nutritional risk assessments had been developed. Where people had feeding devices, such as PEGs, in place there was clear guidance for staff to make sure they were managed appropriately and records confirmed this was followed. Some people, who received their food orally, needed it preparing in a special way to prevent them from choking. Staff were clear about how to do this and how they supported and monitored the person while they ate.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA). The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff considered people's capacity to make particular decisions and, where appropriate, knew what to do and who to involve when making decisions in people's best interests. 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. A senior staff member told us, "Most people have family members to help them with decisions, but if we sense any conflict [between the person and their family], we raise a safeguarding issue so it can be looked at." Another staff member said, "We always assume people have capacity and if they are able to have an input [into a particular decision] we follow their wishes."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people living in the community must be made to the Court of Protection. Nobody receiving care from Newcross was subject to a DoLS authorisation, but the manager knew how to make such an application should the need arise.

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the individual and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support. People's care records gave guidance on their health needs and how staff should respond in an emergency, for example if the person had a seizure. Essential contact numbers of relevant professionals were available to staff to enable referrals to be made promptly and efficiently.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. They described staff as "polite" and "respectful". One person said, "They're very good. I've got a very settled team that would do anything for me. I'm quite happy." A family member told us, "We get on well with our carers." Another said, "It's early days, but relationships [with staff] are already building up."

Staff were aware of people's preferred methods and style of communication. For example, one person benefitted from the use of pictures to aid communication. These were held in a 'communication folder' and were available to staff. The person liked to refer to their hoist as a 'flying machine' and when we spoke with staff, we found they naturally used this term too.

One person could become anxious and frustrated by their limitations. Staff recognised this and in order to avoid becoming embroiled in an argument with the person, knew how to re-direct conversations and help the person focus on more positive aspects of their lives. This was supported by guidance in the person's care plan to help ensure all staff adopted the same approach. In respect of another person, a staff member told us, "I can sense their moods well now, I feel we know him well; for example when he's quiet, I know we need to give him space."

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet as possible. A family member told us, "It's not ideal having everyone living in your lounge, but as much as possible they become part of home life and are unobtrusive." A senior staff member said of the people they support, "They are in control as it's their house. For example, we were supposed to [support one person to eat], but the family preferred to do it, so we pulled back. We have to check what they want and respect their choice."

People said their privacy and dignity were protected and respected at all times. One person said of the staff, "They treat me with great respect. They respect my privacy; very much so." When asked how they protected a person's dignity, a staff member told us, "Respectfulness is the word. Don't come too early, don't be too loud, be discrete when you need to be. There can be five or six people [with the person] sometimes, so we try to control the number of people present [when delivering personal care]." Another staff member said, "I hate it when [some professionals] come and start talking about [the person] as if they're not there. We always make a point of speaking to the person themselves."

A senior staff member told us they always informed family members when they were about to deliver personal care to a person, so they knew not to disturb them or compromise the person's privacy. Other staff described the practical steps they took to preserve people's dignity when providing personal care, such as keeping them partially covered with towels and closing doors and curtains.

People (and relevant family members where appropriate) were involved in planning and agreeing the care and support they received. People had signed their care plans to confirm their involvement and agreement with it. Comments in care plans showed this process was repeated whenever the person's care was

reviewed. When assessments were carried out with people, staff asked whether the person would prefer a male or a female member of staff to support them, and whether they preferred staff to wear uniforms or not.

The provider had systems in place to ensure personal information was keep confidential. Information regarding confidentiality formed a key part of staff training. The manager and the registered nurse told us that this was a potential issue when the staff and the people receiving the service lived within a small community. They stressed to staff the importance of maintaining confidentiality and were working with other healthcare professionals to raise awareness of the issues.

Good

Is the service responsive?

Our findings

People received highly personalised care and support that met their individual needs. When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. In addition, they understood the family dynamics and knew how to work closely with family members to provide all the necessary care and support for the benefit of the person. They recognised that some people's mobility or cognitive ability varied from day to day and were able to assess and accommodate the level of support they needed from hour to hour.

Assessments of people's care needs were completed by the registered nurse, who then developed a suitable plan of care. The care plans we viewed provided comprehensive information to enable staff to provide appropriate care in a consistent and individualised way. They provided detailed information about how the person should be supported through the use of specialist equipment, such as ventilators and devices to help them to cough. The care plans could be accessed electronically by staff via secure, handheld computers. They were reviewed and developed frequently during the first few days after the service first started providing care, as staff got to know the person, their needs and preferences. Care plans were also reviewed whenever people's needs changed. As the updates were made on computer, these were accessible immediately to each staff member who worked with the person. Records of the care provided were hand-written at the time. They confirmed that people received appropriate care and that staff responded effectively when their needs changed.

The manager told us, "We are flexible and do whatever is needed to give people a quality of life. For example, one person was having [regular hospital appointments] on a Thursday, but they changed to a Wednesday. They had connected with one particular staff member and asked for them to accompany her at appointments, so we did this. It made the day a little better for her, so was worthwhile."

A family member told us they had an "excellent" working relationship with staff. They said, "[Staff] know how to monitor [the person's] fluid output and if it's low they tell me. They check his temperature, pulse and blood pressure and if it's high they let me know. I can then make the decision about what to do." A staff member told us, "The arrangements between [the family I work with] and Newcross are just perfect."

People were encouraged to become as independent as possible. Care plans identified aspects of care people could manage on their own and those that needed support. Staff were clear about the need to allow people to make choices and do as much as possible for themselves. A family member told us, "They always ask [my relative] what he wants." Another family member said, "They listen to us and are led by us." When we spoke with staff, they confirmed that they took care to follow the person's wishes and respect their choices.

People knew how to complain and there was a suitable complaints procedure in place.
The regional operations manager told us complaints were "welcomed" to help them improve. All complaints were recorded electronically, graded according to their seriousness and escalated to an appropriate level. The procedure required outcomes to be recorded for each complaint, together with any action that was

needed to improve the service or prevent a recurrence of the complaint. Complaints were then reviewed four times a year at board level and an action plan developed to improve the service where necessary.

The provider sought and acted on feedback from people. Every month, each person receiving the service was invited to complete an assessment of the performance of a staff member who supported them. These were then collated and analysed. Where they identified that changes were needed, these were actioned promptly. In addition, the manager and the service's nurse regularly spoke with people to check they were happy with the service.

Good

Is the service well-led?

Our findings

At the time of the inspection, there was not a registered manager in place. The manager was due to leave the service the week after the inspection and the deputy manager was in the process of applying to CQC to be registered as the manager.

People praised the quality of the service they received from Newcross and told us it was well-led. One person said, "I have genuinely been very impressed. I was worried about the discharge [from hospital] timeline, but they have been absolutely first class in getting things in place. There were no problems with the take-over arrangements; [staff] were there waiting for us." Another family member told us, "I've been very impressed with [the manager]. She's a very capable lady."

People benefitted from staff who were happy and motivated in their work. A senior staff member told us, "It's a good company to work for. I feel well supported. There are lots of opportunities and I have learned so much." Another senior staff member said, "We feel free to ask questions and talk about improvements we can make. They added, "Life is great with Newcross. You always get support. It's one of the best companies I've worked for." Comments from members of the care staff included: "Newcross is the best place I've worked for"; and "Newcross is totally different [from other agencies I've worked for]. You've got good back up and any issues are resolved"; and "They are good people to work for. We are treated well and I feel valued".

There was a clear management structure in place. A field team leader provided direct supervision and support and a registered nurse provided clinical support to care staff. All staff reported to the manager, who in turn reported to the regional operations manager. The regional operations manager told us the company's board included clinical and business members as it "brings about more rounded decisions". The manager told us, "Although there are 50 branches, access to senior management is very direct. They are committed to building a reputation for providing high quality care."

Staff were required to work to a clear set of values which were communicated in a number of ways. These were documented in 'The Pledge", which was included in the staff handbook and on cards staff carried with them. The pledge described the way the service expected staff to behave and how they required staff to treat people. When we spoke with staff, they showed a good understanding of these expectations and expressed their commitment to them. Staff who consistently demonstrated these values in their day to day practice were recognised and rewarded through the use of a 'healthcare awards' scheme.

The management kept staff informed of events and developments using a secure computer system. This included the pledge, corporate information, policies and procedures, job vacancies and current issues. Staff said they were able to raise with management any issues, concerns or improvements that would be of benefit to people.

There was a comprehensive quality assurance process in place which focused on continually improving the service provided. Audits of each aspect of the service, including care planning, medicines and staff training

were conducted regularly and were effective. Supervisory staff also completed 'notes audits' during visits to people to check the quality of records made by care staff. Where changes were needed, action plans were developed. These were monitored to ensure they were completed promptly. For example, as a result of a review into the recording of staff supervisions, a group had been set up to examine ways of streamlining the process.

The quality assurance process included seeking regular feedback from people using the service. The manager told us this "sometimes identifies small changes that would improve the service for the person concerned, such as changing the times of visits". They added, "The most valuable quality assurance if working alongside carers and observing their care, which supervisors do regularly." The regional operations manager said, "For us, it is about quality. We have set standards and we don't compromise on quality."

There was an open and transparent culture within the service. Staff described the management as "approachable" and were made welcome when they visited the office. Although not registered with us, the manager notified CQC of all significant events.