Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Southampton)

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 care and support provided by their Complex Care team to people living in their own homes in Southampton and Hampshire. They currently provide a total of 220 hours of care and provide support each week to seven people, including adults and children with a variety of needs, most of which were complex. Each person received a variety of care hours from the agency, ranging from three to 12 hours per day, depending on their level of need. For some people, the care was provided on a respite basis to allow relatives some time away from caring for a loved one.

The inspection was conducted between 23 and 30 June 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, usually 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 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 in place and staff were required to work to a clear set of values. To help clinical staff keep up to date with best practice, two of the service's nurses had set up an online discussion group.

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. People knew how to raise concerns and these were dealt with promptly.

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.

Newcross Healthcare Solutions Limited (Southampton)

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 23 and 30 June 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 four people who used the service, or their relatives, by telephone. We spoke with the regional operations manager, the manager, the deputy manager, the registered nurse, the field team leader and four care staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

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

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the staff who supported them. One person said, "I feel very safe with them." A family member said of the staff, "They're very aware of safeguarding and how to keep [my relative] safe."

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.

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 reminding 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. 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. 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. One person told us this had happened the previous weekend. Due to a misunderstanding, the staff member did not arrive at the agreed time. The central on call service identified this and contacted the manager who attended to support the person. The person told us, "It was all sorted out in the end, just later than planned."

People and their relatives told us staff were usually reliable and arrived on time. For example, a family member said, "[My relative] likes routine, so they always have the same [staff members] on the same days. They always turn up on time and log in to the office [using the phone buddy system] on arrival." Some people felt the service was not always resilient when the regular staff were not available. A family member said, "Last week, one carer was on leave and another went sick. The office phoned to let us know and asked if we could cope [without support] for the day. They offered to find [another staff member], but they wouldn't have known [my relative] and their care is complex; but it only happened once." Another family member said of the staff, "They've never not turned up and always arrive on time; but if someone's on holiday they struggle to cover, so we may have to change [the times they come] slightly; but it's OK."

The manager told us they only trained and allocated the minimum number of staff needed to support each person, so they received consistent support from a small team who knew and understood their needs well. Cover for staff absence was provided by other staff who knew the person, the manager, the registered nurse or the field team leader. A family member confirmed this was the case and said, "They are trying particularly hard to have regular team of three or four carers because [my relative] needs specialist care."

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.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who met their needs effectively. A family member said of the staff, "They are all competent and know how to care for people, they are very much on the ball. Even if [my relative] is sleeping, [staff] keep within ear shot as they are aware that things can change quickly."

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.

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.

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.

Staff said they felt confident to use specialist equipment and were appropriately supported in their role. A staff member told us, "They don't let you [use equipment] unless they're happy you are competent." Another staff member said, "The support we get is good. Basic training is OK. [A registered nurse] is now on board; she checks you know how to do things and will give you more training if needed." Another staff member said, "When new packages come on line, we discuss any new training that we need. For example, I needed an epilepsy course and it was booked straight away." 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.

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, "I get feedback from clients through the company. They do a survey with the clients and feedback to me; it makes you feel appreciated." The manager told us, "It's a good system as it allows staff who just get on with [the work] and do a good job to get recognition."

The provider recognised that some staff, such as those who worked closely with people on a one-to-one basis over an extended period, needed additional support when the person they had been caring for died. For example, when one person died after being supported with a life-limiting illness for six months, a de-brief was held in conjunction with a local hospice. Staff from Newcross and the hospice were involved to identify what had gone well and what could have been done better. The manager told us, "If we pick up that a particular staff member needs additional [emotional] support, we can arrange that." The regional operations manager told us traumatic events also had an effect on office staff, particularly in paediatric cases. They said, "We have support mechanisms in place and can signpost [staff] to [the relevant people]. We have lots of de-briefings and check staff feel ready, before moving on to the next package of care."

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. One person had communication difficulties and a family member helped them express the decisions they made, which staff followed. 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."

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's needs were met by staff in a caring and compassionate way. People described staff as "dedicated" and "kind". A family member said of the staff, "They are very caring and you can tell it's genuine. They get on very well; they talk a lot; there is lots of laughter; they pull each other's leg, yet also know when to be quiet." Another family member told us, "They are all nice. If we feel a [staff member] isn't right for us, they don't argue, they just change them." The parent of a child receiving care said, "The first carer was brilliant. She watched me and listened to what [my child's] needs were. If you could clone her it would be brilliant."

Staff we spoke with showed concern for people's well-being and explained the importance of adopting a caring approach and making people feel they mattered. Written feedback from the family of a person who had recently died stated: "I would like to thank you and your team for the excellent care [my relative] received at the end of her life. The care was exemplary and [my relative] had a special affinity for [a particular staff member] who was so kind and gentle on the last night."

Staff were aware of people's preferred methods and style of communication. For example, one person was usually able to understand verbal communication, but staff told us they had a handheld computer they used to support the person when they became unwell or struggled to communicate verbally some days. A staff member told us one person was not able to respond verbally whilst personal care was being delivered. They said, "I know he can't respond, so I speak with him in a way that involves him in conversation in a way that he doesn't have to reply; like using his name and explaining what I'm going to do and checking he's alright."

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. A family member told us, "[My relative] doesn't like male carers; he doesn't feel comfortable with them, so [the service] know only to send females." 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.

People said their privacy and dignity were protected and respected at all times. A family member told us, "The way they look after [my relative] gives her privacy, while still being attentive." Another family member said, "They know not to keep checking on [my relative] and give him the space he needs." 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.

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. 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." Another staff member told us, "If the person or the family need some space, we offer to step outside or go elsewhere. I always say to people, just let me know if you're not happy with anything."

The registered nurse told us they were conscious that personal/professional boundaries were an issue when delivering care in people's homes. They said they monitored this through supervisions and feedback from people and staff. If any concerns were identified, they discussed this with management, who addressed it appropriately, for example by introducing new staff to the person's team.

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." A family member confirmed this and said, "The staff adapt well to any changes, they work with me to deliver [my relative's] routine. I had an operation last summer; they stepped up to the mark, extended their hours and had a second person to help [my relative] get out of bed, which really helped."

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 said of the staff, "They give [my relative] choices and are led by her. They ask what she wants to wear and what she wants to eat." They added, "She is normally ready for bed by 6:00[pm], but they stay with her until 7:30 and talk to her to keep her awake. This helps with her sleep pattern, so she isn't awake all night."

People knew how to complain and there was a suitable complaints procedure in place. One person said, "If I had complaint, I would just phone company; there's always someone at the office." A family member told us about a complaint they made when they viewed a comment a member of staff had made on social media. They said, "I saw it and phoned the manager. I didn't have to do anything else; she dealt with. I was kept informed throughout and they followed it up afterwards. The manager came to see me to check I was happy with things now."

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. A family member told us, "We can always discuss anything with them. [The nurse] has suggested little adaptations, such as a drop down rail in the bathroom as carers were worried [my relative] could fall. It was a lot quicker than having to wait to see an occupational therapist."

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 of the service, "I would recommend them for their specialist care. They work long hours and work very hard. There is always someone available in the office and we can always get hold of [the manager]." Another person told us the service "does their very, very best all the time".

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. We welcome staff feedback and do it in a positive way. For example, staff suggested we go in and work with the occupational therapist when they complete their equipment assessment. It worked and helped us understand their assessment process. They added, "Life is great with Newcross. You always get support. It's one of the best companies I've worked for."

Comments from care staff members included: "The office staff are lovely and really helpful. If they can't answer your questions they find out and get back to you later"; "I'm absolutely happy with Newcross and I don't think I will ever leave"; and "We know our duties one to two weeks ahead; they are well-organised."

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 provider 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. For example, a staff member had suggested including contact numbers for reporting safeguarding concerns on the rear of staff identification badges. The idea had been accepted by

management and was being taken forward. One person told us, "Communication in team is good; they share information and are always well-informed."

To help clinical staff keep up to date with best practice, the registered nurse, together with a colleague, had set up a discussion group called 'Nurchat'. Nurchat provided the opportunity for healthcare professionals to discuss contemporary nursing issues online. A new topic was chosen twice a week and professionals from the UK and elsewhere could take part. The nurse told us, "We store the discussions for people to access afterwards and for people to use as part of their CPD (continued professional development). We also link in to special days, like diabetes or world health day to promote discussion around those issues. It helps keep our knowledge up to date."

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. 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 is 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.