

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Herefordshire Service)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Newcross Healthcare Solutions Limited (Herefordshire Service) is a domiciliary care agency. The agency was providing personal care and support to adults both over and under 65 years as well as children of all ages living either in their own home or in the care of person's in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were three adults using the service receiving some degree of personal care either during the daytime or through the night. In addition, personal care and support was provided to 18 children.

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

People's relatives believed the care provided to be safe and appropriate to meet their family members care and support needs. Care plans at times contained conflicting information and therefore did not always provide staff with information they may need to ensure the level of care people required was received.

Medicine records were not always completed to show items as administered. Audits were not in place to identify shortfalls in the completion of these records.

Risk assessments were in place however they were not always available for potential risks indicated within the care plans.

Safe recruitment processes were in place. These covered both working with adults as well as children and younger people. The registered manager and staff were aware of their responsibility in relation to safeguarding.

Staff had access to personal protective equipment (PPE) and relatives confirmed this was used appropriately. Staff received training to enable them to care and support people. This training included specialist training to meet specific needs. Staff received support through supervision and appraisal.

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

Relatives found staff to be caring and ensured their family member had their privacy and dignity covered.

Feedback from relatives was mixed in relation to the ability of the provider to cover shifts at times of staff shortages. Similarly, the ability to have communication with office staff was mixed.

The registered manager had a good awareness of people's needs and undertook to make improvements. These were commenced immediately after our visit to the office.

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 02/11/2017 and this is the first inspection. During this time the provider has had times when they were not providing any personal care to anyone using the service.

Why we inspected

This was a planned inspection based the provider been newly registered.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider acted following our inspection to mitigate these risks.

Enforcement

For enforcement decisions taken during the period that the 'COVID-19 – Enforcement principles and decision-making framework' applies, add the following paragraph: We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of medicine management, care planning and the governance of these areas.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Newcross Healthcare Solutions Limited (Herefordshire Service)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to adults and children of all ages.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2021 and ended on 24 May 2021. We visited the office location on 21 April 2021. We had further discussions with the registered manager in relation to the service provided to children before speaking with people, their family members and staff members.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. The provider had not completed their Provider Information Return as the time frame for them to do this had not expired prior to our inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used this information to plan our inspection.

During the inspection

We were unable to speak with adults or children using the service due to their health conditions or due to their young age. We spoke with four family members consisting of people supporting an adult or a child. We spoke with six members of staff including the registered manager.

We reviewed a range of records including the care plans of both adults and children. We looked at care records and multiple medicine records. We also looked at files in relation to staff recruitment.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager supplied us with items requested as well as with reassurances regarding the actions taken to make the necessary improvements.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Not everyone receiving a service required assistance or support with their medicines.
- When medicines were administered the recording was insufficient for the provider to be able to have confidence the process undertaken by staff members was safe. The registered manager was unable to account for gaps in the records viewed for one person. The registered manager undertook to address the shortfall and ensure improvements took place.
- Information about people's allergies or reactions to medicines was included within care plans. However, the information did not match the medicine records where these details were not included in full. This meant staff may not be aware of these reactions if solely relying on the medicine records therefore potentially placing people at risk.

Assessing risk, safety monitoring and management

- Risk assessments in place were reviewed to ensure they reflected people's needs. Further risk assessments covered any environmental risks at people's home address. However, there were areas whereby an assessment was not in place to establish whether a risk existed where other records indicated a potential risk was in place. For example, a potential choking risk. The registered manager acknowledged this shortfall and undertook to remedy and make the improvements needed.
- Risks associated with COVID-19 had been considered including areas around shielding and reducing staff contact with other people.

Staffing and recruitment

- The registered manager confirmed staff worked with both children and adults who were receiving personal care.
- People's experience regarding continuity of care was mixed. In addition, feedback was mixed in relation to occasions where calls were not able to be covered in the absence of a fellow member of staff. The registered manager was aware of these issues and striving to make improvement to ensure people were provided with a choice to service users regarding staff working with them. Most staff believed the provider had sufficient staff members to cover the rota. One member of staff told us they had never experienced any problems and described the staff as a, "Good team."
- The provider had systems in place to ensure the safe recruitment of staff. Relevant checks were carried out on staff members. These included those required for looking after children and vulnerable adults. The procedures were carried out prior to new staff members commencing work for the provider. Staff confirmed currently they were, or had in the past, looked after children as well as adults.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had an awareness of their responsibilities regarding the reporting of potential abuse or harm to the local authority and other agencies to keep people safe. No recent safeguarding incidents had needed to be reported to the local authority.
- Staff were provided with training in safeguarding for adults, children and young people.
- Relatives of people felt confident their family member was in receipt of safe care and support.

Preventing and controlling infection

- Hand sanitiser was available within the building where the provider's office was located as well as within the office itself. Office based staff worked with social distancing rules in place. The registered manager wore a face mask throughout the time spent with the inspector and opened a window for ventilation.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff confirmed equipment was available for them to use while providing personal care. The registered manager held in stock more specialist protective masks in the event of staff requiring them during the COVID-19 pandemic.
- We were assured the provider was accessing testing for staff regarding COVID-19 in line with government guidelines. The provider had systems in place to ensure testing was undertaken. Staff members we spoke with confirmed they were regularly tested.

Learning lessons when things go wrong

- The registered manager had systems in place to learn in the event of anything going wrong. The registered manager reported they had not had any incident or accidents involving people using the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them commencing a service with the provider. The registered manager confirmed they were providing care and support to children and adults.
- Staff members were able to describe to us how they met people's individual care needs.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff we spoke with confirmed they had received training and had the skills required to meet the needs of people they were providing care and support to.
- Relatives believed staff had the skills and expertise to provide care and support. Relatives spoke of staff needing to be 'signed off' in order to carry out some procedures such as with feeding using a PEG (Percutaneous endoscopic gastrostomy) tube.
- Training had recently moved to online using a computer. Although some staff preferred face to face training, they acknowledged this was not possible during the COVID-19 pandemic. One member of staff told us they were, "Impressed with the training" and confirmed this covered complex care needs. The registered manager spoke of their desire to return to face to face training.
- Newly recruited staff undertook shadowing with experienced staff as part of their induction training. Induction included a virtual 'Day in the life of a care worker'.

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

- The provider worked with other agencies including healthcare professionals to ensure needs were met.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of involving people in decision making and gave us examples of how they supported people to do this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives of people who used the service were complimentary of the care and support received. Two separate relatives described the care as, "Amazing" and spoke of the trust they held with staff giving them, "Peace of mind" and reducing the anxiety they held. One relative described the care provided as making a, "World of difference" to them and their family.
- We were assured by relatives of the ability of staff to be mindful of and respectful to people including how they managed to ensure privacy and dignity was upheld. One relative told us staff were, "Thoughtful" when providing personal care.
- Staff were able to describe to us how they maintained people's privacy and dignity and had a good understanding and empathy for people having personal care provided.

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

- People were able to be involved in decisions about the care and support. One relative described how staff would take time to ensure their family member agreed with the care provided. We were also told how the person receiving care had been involved in selecting the staff to be involved in their care. Another relative told us, "Definitely has a choice" when discussing their family member.

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

- People had care plans in place which were drawn up in consultation with them and their family members.
- Care records contained generic sections which needed to be personalised to the individual. This was not always carried out and as a result areas of potential care needs remained in place where they were not relevant to the individual concerned. The registered manager undertook to review these sections and removed areas where they were not required for the individual.

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

- People's support needs were considered during the care planning process. Care records showed people's interests although these had in some cases been reduced as a result of the COVID-19 pandemic and restrictions on what people were permitted to do.

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.

- Staff were able to give us examples of methods used in order to communicate with people using a range of techniques in addition to the spoken word. For example, facial expressions.
- The registered manager informed us they could print care plans in large print if needed to assist with a person's communication needs. In addition, they would facilitate a translation into a different language if requested.

Improving care quality in response to complaints or concerns

- Relatives felt able to raise concerns with the management and were confident these would be investigated and addressed.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. People's wishes for end of life care and support were included within the care records of adults receiving personal 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- This was the first inspection at the location due to the provider having had a period where they were not providing the regulated activity personal care and therefore dormant. The provider has recently commenced providing personal care and support to adults.
- The registered manager acknowledged the shortfalls identified in the care planning records in relation to conflicting, missing or not applicable information. Areas of potential risk did not always have an assessment in place to support whether the risk existed or not and how this was therefore mitigated.
- Several people felt communication at times broke down between the office, staff and those living at home with people for whom care and support was provided.

We found no evidence that people had been harmed. However, the provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager sent to us audits they had carried out regarding two people's medicines.
- The registered manager was aware of the circumstances when they would need to notify the Care Quality Commission (CQC) of situations or events which had taken place involving people.

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

- The registered manager had a good knowledge of people's care needs as well of their family arrangements.
- Feedback from family members had been sought to establish any areas where improvements could be made. The feedback obtained was positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open throughout the inspection and provided the evidence requested. Where gaps in the service were identified the registered manager acknowledged improvement was needed and gave reassurances these improvements would be made and commenced these immediately.

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

- The registered manager confirmed staff meetings had taken place although these had been undertaken using a computer recently due to the COVID-19 pandemic. Regular supervision and appraisal with staff members had taken place.
- Staff were complementary about the registered manager. One described them as, "Fantastic" and told us it was a pleasure working for the provider.

Continuous learning and improving care

- The provider had instigated a quality audit by an external organisation ahead of the CQC visit. A report was produced for the registered manager who had taken or was taking actions in line with the recommendations made. The registered manager took on board our findings and commenced actions to make improvements immediately.