

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Ltd (Woking)

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

This announced inspection was carried out on 12 January 2017. Newcross Healthcare Solutions Ltd (Woking) provides personal and ongoing healthcare to children and young adults with complex healthcare needs in Woking and surrounding areas. On the day of the inspection visit there were seven people using the service.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and treatment they needed by staff who were trained and supported to do so effectively. Staff were only appointed once they had successfully completed the recruitment checks. People's care and treatment was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient nourishment.

People were treated with respect by staff who demonstrated compassion and understanding. People's privacy and dignity were respected and they were provided with their care and treatment in the way they requested or by those acting on their behalf. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The registered manager provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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 were kept safe because staff understood their individual responsibilities to act in a way that ensured their safety.

People received their planned care and treatment from staff who were allocated to work directly with them.

People received the support they required to take their medicines as needed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their needs.

Consent to people's care and treatment was obtained in line with the relevant legislation.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in meeting these.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who learnt and understood their ways of communicating and expressing themselves.

People were involved in making decisions about their care and support. People who were unable to express their views were represented by relatives acting on their behalf.

People were treated with dignity and respect and staff

conducted themselves in a way that respected the values and routines within the person's home.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who learnt and understood their ways of communicating and expressing themselves.

People were involved in making decisions about their care and support. People who were unable to express their views were represented by relatives acting on their behalf.

People were treated with dignity and respect and staff conducted themselves in a way that respected the values and routines within the person's home.

Is the service well-led?

Good ●

The service was well led.

People used a service that was flexible in order to respond to their needs. People's experiences in using the service were obtained and reviewed to identify and make improvements to the quality of the service they received.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

Newcross Healthcare Solutions Ltd (Woking)

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.

This inspection took place on 12 January 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with two people who used the service and two relatives. We also spoke with five health care assistants, the healthcare coordinator and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People who used the service told us they were safe when they used the service. They told us this was because they felt confident with the staff who visited them and that they were suitably trained to provide the support they were required to. One person said knowing that the staff who visited them was trained "helps me feel safe." People also said they felt safe having the same staff visit them. A person told us, "I feel more than safe with having the same carer. My [relative] needed to know I was okay and safe, they are reassured of that." Relatives also spoke of their relations being safe, one said, "I do feel they are safe with them, we work together and have an understanding."

Healthcare assistants were able to describe the different types of abuse and harm people could face, and how these could occur. Healthcare assistants said they received training on both safeguarding adults and children and followed these procedures when working. Some healthcare assistants spoke of having raised safeguarding concerns in previous employment, but all said they had not come across a situation since working for this provider when they had needed to do so. Healthcare assistants said they felt confident that if they did raise a concern they felt confident this would be acted upon by the registered manager.

The registered manager told us they felt that healthcare assistants had the required level of knowledge about safeguarding and said they received this training during their induction. The registered manager told us that there had not been any occasion when they had needed to notify the local authority of a safeguarding concern, but said they had initiated discussions about some issues with them. The provider informed us on their PIR that the registered manager had attended meetings with the local safeguarding board. We saw details of how to report any safeguarding concern about an adult or a child during our visit to the office.

People received their care and support in a way that had been assessed for them to receive this safely. Relatives described how their relations were dependent on the staff for their care and support. They told us they were satisfied how this was provided and that it was done safely. Where people were able to undertake their own care they were supported with this. One person said, "I can do most things but they help me dress, they let me do what I'm able to."

Staff told us they were continually ensuring people's safety through their observations and following guidance, such as risk assessments and care plans which they told us were "very clear." This included supporting people with their mobility and minimising risks in everyday situations. Healthcare assistants told us that to ensure they provided safe care they had to be confident in how each person needed to be supported in the event of some uncommon occurrences. These included effects that would occasionally occur due to people's health conditions. Two staff described separate occasions they had not carried out activities they had been requested to because they felt these would have been unsafe to do so. One of them told us how they had reported the circumstances to their line manager who had supported the action they had taken.

The registered manager told us how each healthcare assistant had to be trained and assessed as competent

before they were able to use any equipment needed to support people. One healthcare assistant described how they referred to the risk assessment and care plan before they used any equipment and carried out visual checks to ensure it was in good order. The registered manager showed us a plan of what training and competency checks healthcare assistants underwent before they could carry out certain care activities to ensure they had the skills and knowledge to do so safely. For example supporting someone who received their nutrition or medicines through the use of a PEG (percutaneous endoscopic gastrostomy, which is a procedure to give nutrition or medicines where this cannot be done orally.)

There was guidance in people's care files showing how risks they may face should be managed safely. This included how people should be supported with their mobility and receive any personal care. We saw people's home environment had been assessed to ensure their care and support could be provided to them safely.

People received the support they needed from a small group or individual staff. People told us they had the same regular staff visit them who were punctual and stayed with them for the length of time that had been agreed to meet their care needs. They told us any new staff involved in their support were introduced to them first before providing them with any support.

There were sufficient staff employed to visit people when planned and to spend the time that was agreed or needed. One staff member said they worked as part of a small team and they were always able to provide the cover as requested. They explained that the person they visited had a number of support hours allocated each week and they were able to decide when they wanted to use these. Staff told us when they had more than one call to make during a day they had sufficient time to travel between these calls. Staff described being flexible if needed to cover any visit if a staff member was unavailable for work at short notice. The provider informed us on their PIR how they monitored visits to ensure these were on time and were not missed.

The healthcare coordinator told us they had the number of staff available they needed to plan people's visits. The registered manager said they would never start a new care package without having the staff they needed in place. They said, "It wouldn't be right for the client and it wouldn't be right for us." The registered manager said they were able to provide the service from within the staff team and did not need to use agency staff.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were provided with the support they required to take their medicines. Part of the initial assessment of people's needs included identifying what support each person required to take their medicines. We found some people required prompting to take their medicines and others needed more complex medicines support. One person told us a staff member would check their medicines when they were delivered by the pharmacist and then give these to them at mealtimes. A relative described the processes staff had to follow to administer their relative with their medicines and said, "It is a huge responsibility." They added, "I know they will give the medication on time that is important for [name]."

Staff told us they had to complete medicines administration training and then be assessed as competent before they were able to support anyone with their medicines. One staff member told us they were not able to provide any medicines support because they had not yet done the training, but added they were due to have this shortly. We saw details of medicines people took were included in their support plans and the registered manager showed us a completed medicines competency assessment.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their individual needs. One person told us any staff who visited them needed to have some specific training and they confirmed that this requirement was complied with. Another person recalled care workers telling them they were attending training courses. Relatives described how they worked with new staff whilst they became accustomed to how their relative needed to be supported. One relative told us that staff would only be fully competent once they had "practical experience" of caring for their relative. Another relative said they worked with staff until they were satisfied they could provide their relative with the support they needed. They also told us, "I'm happy with the standards I am seeing."

Staff told us they were provided with the training and support they needed to carry out their work. They told us when they started this employment they had to provide evidence of training they had completed previously with another employer. They then described the induction process and the training this included that they had to complete. One healthcare assistant described the process as "informative" and that it "had covered the ground." They also said that it had been enjoyable. Once staff had completed the induction training they were introduced to people they would be supporting and had opportunities to work alongside more experienced staff.

The provider stated on their PIR that, "All staff are inducted to the same standards as the recently introduced Care Certificate." The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager explained that as staff were required to have a professional qualification to work at the service they did not expect them to actually complete this, but they still underwent a comprehensive induction programme.

Staff told us they had completed all of the training they were required to by the provider and this was confirmed by the training matrix we saw. The provider included information on their PIR about the training staff received and how this was matched to the needs of people they supported. One healthcare assistant told us how they had been trained in advance for a procedure they needed to follow with one person they supported. The provider stated on their PIR that, "All carers are subject to regular clinical supervision and appraisals by the Lead Nurses." Staff told us they had opportunities to discuss their work individually with a supervisor and that they had an annual appraisal.

The registered manager explained how there was some training that all staff completed when they started to work at the service and then they had an annual update of this. The registered manager said staff would then complete any complex care related training that they needed in order to provide the support needed by people who used the service they would be visiting. The provider informed us on their PIR that staff could not work unless they had completed the training. The registered manager told us they had recently reviewed these training courses to look how they could make them more engaging for staff.

Where people who used the service were able to they consented to their care and support. One person told

us the staff member "asks for my permission when needed." Another person said, "They (staff) will ask me what I want." Other people required a relative or other named person who had the legal authority to consent to their care and support on their behalf. A relative told us that staff, "Follow a standard routine that has been laid out by professionals and family." Another relative said, "I make decisions in [relative]'s best interest."

Staff told us people were in agreement with their care plans and they obtained their consent prior to providing them with any care and support. One healthcare assistant said, "We have to get consent, we cannot work without consent." The registered manager said that whilst people had consented to their care there had been some technical problems getting people to sign their care plans on the electronic tablet they used to prepare these. The registered manager told us they were currently looking for alternative ways to obtain people's written consent.

Staff spoke of people being responsible to make the day to day decisions they were able to make. Staff said there were times when a person could make a choice through using signs and gestures that they were unable to make verbally. One healthcare assistant told us there were times that people made a decision they did not think was the best option, but added, "it is their decision." They gave an example that if a person chose to wear clothing that was not appropriate to the weather conditions they would explain why alternative clothing may be preferable. They said this would ensure the person had all the information they needed to make the decision, but they would then respect the decision the person made.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves, or have someone who had the legal authority needed to make decisions on their behalf. They told us they were currently assessing one person to see if they would be able to provide them with a service. As part of the assessment process they had needed to determine if they were able to make certain decisions and had followed the MCA to do so.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. Some people required assistance to shop for and prepare meals and others had their nutrition maintained in the way that had been assessed as most appropriate for them to do so.

Staff told us they provided people who used the service with whatever support they needed to aid their nutritional intake. This varied from preparing meals, making up liquid feeds and using and cleaning feeding systems. Staff understood part of their role was to meet the people's nutritional needs and told us they liaised with other healthcare professionals to do so. This included dieticians, speech and language therapy (SALT who provide advice on swallowing and choking issues) occupational therapists and GPs. A healthcare assistant told us if needed they would complete nutritional and fluid intake forms to help monitor that people were having their planned nutritional and fluid input.

People received care from staff who understood their healthcare needs and knew how to support them with these. One person spoke of how a staff member had undertaken some research into their healthcare needs and said they were "very efficient." The person also said, "The clinical lead is very efficient, I am impressed with them." A relative told us that their relation had a health care need that they needed to be supported

with. They said the staff had been trained to manage this event and were competent in doing so.

Staff told us they understood people's health care needs and recognised signs and symptoms that may indicate they may need to provide some form of intervention or seek further support. This included administering PRN (as required) medicine to control physical and mental health symptoms.

The registered manager told us they had links with local healthcare professionals and sought advice from them when needed and they had attended multi disciplinary team meetings to discuss some people's care. In addition the provider employed lead nurses who provided clinical support and advice when required. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Is the service caring?

Our findings

People who used the service described staff as caring and being nice and kind with them. One person told us the staff member who visited them was "lovely." The provider informed us on their PIR that, "Positive caring relationships are developed with people who use our service." Relatives spoke positively about the staff saying they built up their trust and made relationships with the people who used the service.

Staff described themselves as being passionate about their work and how they enjoyed supporting people. One healthcare assistant told us, "We try to give [name] a good quality of life." When staff spoke with us about people they supported they referred to them in a very person centred way. The registered manager said the way care packages were prepared enabled staff to give people the attention they needed. We saw there was information in people's care plans to inform staff about the person and any known likes and dislikes.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "I can change anything I like. They brought out some carers and I got to pick the one I would like. It is very individualised." Another person said, "I arranged the support with them. If I say I am not having a shower they listen to my wishes." Relatives who acted on behalf of their relations told us they felt involved in deciding how their care was to be provided. One relative told us, "It (the service) is flexible if I need it to be. They try to accommodate what we need."

Staff told us people were able to decide what they wanted to do and when they wanted to do it. One healthcare assistant told us the person they supported dictated how the time was spent when they supported them and they supported them in their choices. The registered manager told us how they involved people in their initial assessment and carried this out at a time that was convenient to them. They said they also recruited staff to specifically work with an individual who also had a say in which healthcare assistant would support them.

The registered manager told us there were some people who used the service who were supported by an advocate. There had information to give to people explaining about advocacy, and how to contact local advocates for adults and children. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. A person told us, "We have made the arrangements that are right for me." Another person described how staff had the "freedom I want them to" within their home. They explained they did not want staff continually asking them things, but preferred them to "get on with it." A relative told us staff treated their relation with dignity and have, "Got to know [name]'s personality and their little ways. They show interest."

The provider stated us on their PIR that they had an, "Attitude and Behaviour Policy to ensure clear boundaries for staff." Staff described how they conducted themselves in a respectful way when in people's

homes, where sometimes other family members were present. They spoke of following any household routines and respecting people's wishes. The registered manager said respecting people's privacy and dignity and maintaining professional boundaries was included as part of the induction for new staff. They told us people chose as to whether or not staff wore a uniform when visiting them.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. A person told us, "I was involved in preparing the care plan with my [relative] as well, I wanted them to be (involved). They came out and did an assessment and tailored everything to me as the individual. They were very flexible." A relative told us their relation, "Has a care plan which says exactly what (care) they should have, which is what they provide them with."

Staff told us the care plans provided the detail they needed to meet people's needs and were kept up to date. Staff said they were informed when someone's care plan had been updated. One healthcare assistant told us, "[Registered manager] is pretty up on making sure the plans are up to date. We adhere to them and we can ask any questions if we need to."

People's care plans were prepared using an electronic care planning system. The registered manager told us they were looking at ways to make some improvements to these, for example making them more suitable for children. They told us this was something they would be discussing at a forthcoming clinical conference. We found the plans contained information about people's needs and how these should be met and were kept up to date. However we did find that some of the information that was identified in the assessment had not been include in the actual care plan. We also identified that the plans could be prepared in a more personalised way and be better presented. The registered manager told us this was something that they would work on to improve.

Some people who needed constant care also had support provided from staff who were not employed by Newcross Healthcare Solutions. A relative told us staff provided a 'back up' to the fulltime care workers they employed to care for their relation. They told us this worked well and the staff worked well together. Another relative said they shared providing the care to their relation together, for example with Newcross Healthcare staff covering at night time. Arrangements were in place for all those providing care to work in partnership to support and care for people together. This involved sharing information and making shared records so that, for example, a person's nutritional intake could be effectively monitored. The provider stated on their PIR that, "Within the business there is also a Head of Clinical Excellence the role is a senior, experienced Nurse Manager who will support all our care staff and nurses to maintain safety in all care packages."

When people had opportunities to take part in leisure activities staff would support them with these. A relative described how staff provided their relation with activities they were interested in and enjoyed. They gave examples of reading to them when they woke up in the night, and at other times painted their nails and styled their hair. Staff told us they accompanied people they were supporting on trips and outings. This involved supporting people to use public transport, using their own cars or being a named driver on a person's mobility vehicle.

People who used the service and their relatives were given opportunities to raise any concerns and told how they could make a complaint. People told us they had been given written information about how to make a complaint. One person also said they had been reminded recently they could, "Give a ring to the office if I

had any problems." One relative told us about an occasion when they made a complaint. They told us this had been investigated by the registered manager who had met with them and taken appropriate action. They said they felt this had been "dealt with well." We saw this complaint had been recorded in the complaints record at the office.

Staff told us people were given information on how to raise any concerns about the service when they started to use this. Staff told us they knew what to do if a person did make a complaint, but no one had done so to them. The registered manager showed us examples of how they responded to complaints that were made. Whilst it was clear that any complaints were taken seriously we identified this was at times impersonal and could be off-putting. We also found that there was not always a record made to show the complainant had been responded to with the outcome of their complaint. The registered manager said they would review how they managed people's complaints in light of our comments. They wanted to enable people to tell them if things were not right so they could act and improve the service when needed.

Is the service well-led?

Our findings

People who used the service and relatives felt the service was well run and the registered manager addressed issues when needed. They told us they found the service was flexible and responsive to any requests to make any changes to their planned appointments or to provide additional visits at short notice. One person told us staff, "Make sure you're happy and if not you can change things. I have recommended them to other people." A relative said, "I think this is a well-run service, they are flexible, they will do the best they can."

Staff spoke positively about the service and described it as supportive and flexible. Staff had been given opportunities to develop and take on more responsibility within the service. One healthcare assistant we spoke with was attending the office for an interview for a position with greater responsibility. The registered manager said they did not currently hold any staff meetings for health care assistants but they showed us an action plan they were working to, which included introducing staff meetings. The registered manager said staff regularly came to the office or telephoned them when they wanted to ask anything or make any suggestions.

There was a system where staff earned credits for the length of time they worked for the service, which they could then use to purchase a place on additional training courses. The registered manager told us about a pledge the provider made to all staff which explained their ideals. They also said it was their ethos to "lead by example." The provider included information on their PIR about how staff could access their policies and procedures on line using their extranet. The provider also used social media as a way of communicating with staff and having discussions. They stated in their PIR that this enabled them to gather the views and opinions of various professionals within healthcare with topics such as medicines errors.

Staff said any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service and their relatives were confident in the way the service was managed and had confidence in the registered manager. One relative told us the registered manager was, "Very good and willing to help." Another relative said they were "very happy" with the registered manager. They said the registered manager visited them regularly and, "Seems to have an interest in us, it's not just a case of us being on the books. [Registered manager] always asks after [name] and I feel she cares about them. They want the best for [name] as I do."

Staff spoke positively about the registered manager and felt they provided good leadership. One health care assistant told us, "The thing I like most is that they are approachable." Staff also told us the registered manager regularly visited the people who used the service to ensure everything was how they wanted it to be.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager, who was also a registered nurse, was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. One person told us, "Sometimes they ask me to complete a survey. I fill it in and give it back to them." Another person said, "I have to feedback on my carer, they have a system to reward the carers. I hope mine has had one." The registered manager told us the provider had an internal care awards programme for all of their services and they showed us a recent newsletter where a healthcare assistant from their branch had won an award.

People who used the service and staff were asked to complete survey forms to provide their views of the service. The registered manager showed us the most recent staff survey which showed positive comments had been made about the service. The provider told us on their PIR that one person who used the service had written, "What a lovely caring lady. Very pleased with all aspects of her work. We always look forward to seeing her." The registered manager told us a further service user survey was going to be undertaken in the near future.

The provider stated to us on their PIR that, "Accidents and incidents are also logged centrally to facilitate measurable audit trails." We saw records made about people's care and support, including daily notes and MAR sheets were returned to the office. We noted that although most of these did not show any sign of having been audited some more recent ones had been signed by the registered manager to show these had been. The registered manager told us that it had been mentioned to them in their supervision that they should be auditing these forms when they were returned to the office and they had therefore now started to do this.