

Newcross Healthcare Solutions Limited

# Newcross Healthcare Solutions Limited (Bournemouth)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 7,8, and 10 November 2016. We told the provider 48 hours before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the first inspection of this service.

Newcross Healthcare Solutions Limited (Bournemouth) has a registered manager in post. 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.

Newcross Healthcare Solutions Limited (Bournemouth) provides nursing care, personal care and support to people who live in their own homes. At the time of the inspection they were providing over 800 hours per week to people living in Dorset.

People told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff that worked for the service. However, we found that the management of people's medicines was not always safe and we could not be certain that people always received their medicines as they had been prescribed.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train care workers in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Newcross Healthcare Solutions Limited (Bournemouth) and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and care staff said that the managers were approachable and supportive. There were systems in place to monitor the safety and quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Systems for the management of medicines were not robust and we could not be certain that people received their medicines as they had been prescribed.

Risks to people's health and safety whilst receiving care were not always properly assessed.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

### Is the service effective?

**Good** ●

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

### Is the service caring?

**Good** ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately

### Is the service well-led?

Good ●

The service was well led.

There was a clear management structure in place. People and staff told us the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided

# Newcross Healthcare Solutions Limited (Bournemouth)

## **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 checked 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 7,8 and 10 November 2016. Two inspectors undertook the inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be in.

Before the inspection, we reviewed the information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views.

We contacted four people and relatives either through visits, telephone calls or email. We also contacted seven members of staff either through visits, telephone calls or email. We also spoke with the registered manager and office-based staff who were involved in supporting people who used the service. We looked at six people's care and medicine records. We saw records about how the service was managed. This included five staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

# Is the service safe?

## Our findings

People who received care and support from the service told us they felt safe with the staff who supported them.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. Some people had skin conditions and had been prescribed creams to treat this. They did not all have assessments or plans of care relating to the skin condition. There was no guidance in place to ensure that creams were applied in accordance with the prescriber's instructions.

MAR (Medicines Administration Record) charts were created from care records held in the office. These were printed and sent to each person's home in time for staff to use from the beginning of each month. Office staff checked and signed the MAR charts before they were sent. In some instances the full information on the prescription label had not been transcribed onto the MAR charts. Some of the records we checked showed that people had been prescribed additional medicines part way through the month. In this situation, staff had handwritten the new medicine onto the MAR chart. We found, again, that the full information on the prescription label had not been transcribed onto the MAR charts and that entries had not been checked and signed by a second member of staff to ensure the correct instructions were being followed.

Completed MAR charts were returned to the office at the end of each month and audited. However, the system of checking the MAR charts did not ensure that handwritten additions to the MAR chart were properly recorded, signed and counter signed. The audit checked that staff had signed for any medicines given, had used the correct codes when medicines were not given and whether there were any omissions. Where issues were identified there was a record of contact with staff to explore the issue. However, there was not always a record of the outcome of the investigation. Additionally, the person carrying out the audit was often also the person who had created the record.

Some medicines were prescribed to be given in variable quantities. There was no information to guide staff about how much they should administer or the maximum quantity that should be given over a 24 hour period. MAR charts also did not always record the quantity that had been administered. This meant there was a risk that people could take too much of the medicine.

Some people were prescribed medicines to be taken as and when they needed them (PRN). There were no care plans for PRN medicines and no information to guide staff about when to administer them if the person for whom they were prescribed was unable to request them.

Some people had their medicines crushed to make it easier for them to be administered. A pharmacist had not been consulted to ensure that the medicines were still safe and effective if administered in a form other than that which it had been produced in.

Staff had been trained in the administration of medicines and records showed that their competency to

administer medicines safely had been checked regularly. Staff were checked regularly, whilst providing care, to ensure that they were following the correct instructions for medicines and keeping suitable records. However, during their spot checks none of the shortfalls identified during this inspection had been highlighted.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

There were systems in place to identify risks and hazards in order to support and protect people but these were not operating effectively. Some people had items of equipment such as bedrails and lap belts for wheelchairs. The service had not carried out a risk assessment to ensure that the equipment was fitted and worked safely and that any risks either to the person or staff were identified and managed correctly. Another person had recently moved to another property but the risk assessment for their environment related to their previous address.

These shortfalls were a breach of Regulation 12(2)(a) and 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

People were protected against the potential risks of abuse. The provider had a comprehensive policy and procedure in place that reflected current national and local guidance. There was a training programme to ensure staff were aware of the different types of abuse, possible signs of abuse and the action they should take. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.

There were systems in place to enable the service to respond to emergencies, for example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hours on-call system in place so that people who used the service and staff could contact the service for advice and support or in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had occasion to call the out of hours service.

The registered manager told us that there were enough staff employed to provide care for everyone they supported. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. Staff told us that they had been shown how to keep people safe through the provision of induction training, regular refresher training and support from senior staff.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Each member of staff's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

# Is the service effective?

## Our findings

People told us they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "I can honestly say that we have had nothing except excellent service from the Bournemouth team."

Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and understood their needs. People told us they never felt rushed.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid.

Staff received regular supervision either through spot checks, one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff. The registered manager confirmed that this support was provided.

Staff had been trained in the Mental Capacity Act 2005. The registered manager confirmed that all of the people they provided a service to had capacity to make their own decisions but that mental capacity assessments and best interest decisions would be undertaken if the need arose.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. Health professionals such as occupational therapists, GPs and district nurses were contacted by staff on people's behalf when they requested it or when their staff identified a concern.

People told us they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure they had any necessary support to eat their meals.



# Is the service caring?

## Our findings

People told us they received personalised care from staff who were caring and kind. One relative told us, "They have shown compassion and dedication to [person's name]. [person's name] responds gladly to their arrival, and although [person's name] has no verbal communication, the staff have managed to overcome this difficulty and get along famously".

People also told us that the service was good at providing regular staff so that they almost always knew the staff who were coming to see them, which they found reassuring.

A member of staff told us, "I nearly always get to meet the client so that they get to know me before I work with them. We also do shadow shifts with staff who know the person and their needs so that we are aware of everything we need to know about."

The registered manager and staff were aware of people's needs, likes and dislikes. They described in detail how they provided the care to suit the individual. Care plans did not always include this information. The registered manager had already identified that care plans needed to be improved and made person centred rather than task focussed.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

## Is the service responsive?

### Our findings

People told us they felt listened to and that staff were always prepared to respect their choices and wishes.

People told us they received schedules once a week telling them when staff would arrive and who they could expect. People said that they were always informed in advance of any changes to the rota.

People, or their relatives, were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff confirmed there was enough information in care plans to enable them to meet people's needs and added that, if they had any queries, there was always support available from senior staff and the registered manager.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. Staff told us how the service took care to ensure that they had received all specialist training that was required so they could provide suitable care. For example, some people lived with epilepsy and required emergency medicines to be administered during seizures. All of the staff who provided care for people with these needs had completed specialist training and competency checks.

Where people required support with their personal care they were able to make choices and be as independent as possible. Staff were sensitive to the needs of the people they provided support for. Many of the people using the service required assistance to access the community and told us that staff were happy not to wear a uniform when accompanying people. This meant that people's privacy and dignity was respected because the service responded appropriately to requests.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately.

# Is the service well-led?

## Our findings

Feedback from people, relatives and staff showed us that the service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

There was a clear management structure in place. People and staff told us the registered manager and management team were approachable and supportive and they felt they were listened to.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including medication, accidents and incidents, complaints and health and safety. The registered manager had examples of MAR chart and daily record audits where they had identified issues and addressed these with the staff concerned. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

People were actively encouraged to give their views about the service, either through regular reviews of their needs or satisfaction surveys. Systems were in place to ensure that all responses were analysed, actions were identified and checks that the actions had been completed were made. The provider also undertook an overall analysis of all satisfaction surveys to identify common issues.

A health professional told us, "Newcross have worked with our community nurses & intensive support team to manage [person's name] health & behavioural needs. Incidents are reported in a timely manner & advice is sought, there was an occasion where a mistake was made with [person's name] medication, although this was a failing on the provider's part, they were open, honest & transparent in reporting this & worked with my health colleague to resolve the matter."

There was a system in place to ensure that contact was made with each person using the service at least every three months to check they were satisfied with the service they were receiving. This involved telephone interviews, face to face meetings and questionnaires. All responses were analysed, actions were identified and further review procedures then checked that the actions had been addressed. The provider also undertook an overall analysis of all satisfaction surveys to identify overall strengths and weaknesses and an action plan had been developed. Some of the issues that had been identified and addressed following the most recent overall survey included the need to improve communication with people using the service and improving staff recruitment and retention levels so that there was a stable workforce, meaning that regular staff would visit and get to know people and reduce the number of different staff visiting.

All of the staff and office staff that we spoke with confirmed that they were well supported and felt able to raise any issues or concerns either directly with the registered manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

Staff knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the CQC and other independent supporting bodies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not protected against the risks associated with the unsafe management and use of medicines.  The risks to people's health and safety whilst receiving care had not been properly assessed,