

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Taunton)

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 inspection was carried out on 4 January 2018.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults and children with complex needs. At the time of the inspection the agency was providing a service to 14 people. Individual packages of care delivered ranged from five hours to 24 hour care.

This was the first inspection of the service since they registered at their current address. Apart from the office address there have been no other changes to the registration of this service.

There was 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.

People were very happy with the care they received and said they would recommend the agency. One person said, "I don't think you could find a more professional outfit."

The provider had systems to make sure people received a high standard of care and support. These included good support for staff, effective quality monitoring and open and transparent communication with people using the service and other professionals.

People received information about how to make a complaint and all said they would be comfortable to raise their concerns with the registered manager or a member of staff. Where complaints had been made these had been fully investigated and responded to.

There were systems in place to minimise risks and people said they felt safe with the staff who supported them. One person told us, "I always feel very safe with them."

People were cared for by small teams of staff who received specialist training to meet their individual needs. People using the service and their relatives valued the consistent staff teams. One relative told us, "The carers we have are perfect for us, we all share a sense of humour which always makes life easier."

Staff made sure people's care was planned and delivered in accordance with up to date best practice guidelines. The consistent staff teams meant changes in people's needs were quickly identified and

responded to.

The service worked in partnership with other organisations to make sure people's needs were met. People, or their representatives, were involved in discussions and decisions about their care and support.

People told us staff were kind and caring and respected their privacy and dignity. One person said, "They are excellent and extremely caring." Another person told us, "They are all brilliant. I think of them as family - I love them."

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 protected from the risks of abuse because the provider had a robust recruitment process and staff knew how to recognise and report suspicions of abuse.

Risk assessments carried out minimised risk to people but respected their wishes and independence.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good ●

The service was caring.

People received their care from staff who were kind and caring.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the registered manager.

People could be assured that at the end of their lives they would be cared for with kindness and compassion.

Is the service well-led?

Good ●

The service was well led.

People received a service from a provider who was committed to ensuring people had high quality personalised care.

Staff were well supported which led to a happy and well-motivated staff team.

People had opportunities to share their views about the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 4 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

We visited the office location on 4 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We met three people who used the service and two relatives. We also spoke with four members of staff. After the inspection we contacted a further two relatives to seek feedback on the service.

During the inspection visit we looked at a number of records which included three care and support plans, two staff files, minutes of staff meetings and records of staff training.

Is the service safe?

Our findings

People felt safe with the service provided by the agency. One person told us, "I always feel very safe with them." A relative said they had no concerns about the safety of their relative because they knew the staff were well trained and competent.

Risks to people using the service were minimised by the provider's systems and processes. These included a robust recruitment procedure and training for staff. Before staff began work they were thoroughly checked to make sure they were safe to work with children and vulnerable adults. Everyone who used the service received an information sheet about the staff who would be supporting them which gave details of the checks that had been carried out. One person said, "I have complete peace of mind."

Staff all received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns to the registered manager. All were confident any concerns raised would be dealt with effectively to make sure people were protected. Where issues had been raised with the registered manager they had acted swiftly to make sure people were kept safe.

There were adequate numbers of staff employed to make sure people received the correct care and support to meet their needs. Each person had a dedicated team of staff who worked with them. This enabled staff to provide consistent care and support to people. People we spoke with valued this consistency. One relative said, "We have the same group. They know them well, understand their sense of humour and how they communicate." Another relative told us "The continuity of the team has meant [person's name] has a very trusting relationship with them."

The agency operated a system which enabled care staff to log in when they arrived at a person's home and log out when they left. If a scheduled member of staff did not log in the agency received an email to alert them. This enabled them to take prompt action to make sure people received their support visits. There had been no missed visits. The agency had a lone working policy which was available to all staff and helped to keep staff safe when working independently in the community.

People received safe care and support because comprehensive risk assessments were carried out by a trained nurse. This was to make sure people received their care and support in a way that minimised risks but supported their independence and freedom of choice. Where someone was assessed at being at high risk of pressure damage the care plan clearly stated the measures in place, including specific equipment, to minimise these risks. One person's daily routine included sitting for an extended period of time and the care plan showed how staff assisted the person to change position to minimise the risks of pressure damage.

One person had a care plan regarding an element of their behaviour which could pose a risk to themselves. The care plan clearly set out signs for staff to be aware of that may precede this behaviour to enable them to help the person to avoid the risk. The care plan had been fully discussed with the person and acknowledged that ultimately the person had the right to make their own decisions.

In some instances care staff administered medicines to people and all staff had received training and had their competency in this area assessed to make sure their practice was safe. Where staff administered medicines to people, records were kept to show when these medicines were administered or refused. This allowed the effectiveness of prescribed medicines to be monitored.

Where things went wrong the service learned from these mistakes and took action to make sure improvements were made. For example, any medication errors were fully investigated and staff responsible received the support they required, such as reflective practice sessions or further training, to make sure mistakes were not repeated.

People were protected from the risks of infection because all staff were issued with personal protective equipment such as disposable aprons and gloves. Minutes of the last staff meeting showed staff were reminded to use these to minimise risks to people.

Is the service effective?

Our findings

People received effective care and support from staff who had the correct training and experience to meet their needs. Due to the complex nature of the support people required, the agency only employed staff who had experience of working in health and social care. Once new staff were employed they undertook the agency's induction programme to make sure they were aware of the standards required. New staff also completed shadow shifts which enabled them to meet the people they would be working with and observe more experienced staff. One relative we spoke with praised how the provider arranged shadow shifts for new staff. They told us, "The shadow shifts are really good. It means we get to meet them and they get to know what we want."

The registered manager and a trained nurse carried out a full assessment of anyone referred to the agency. This enabled them to make sure they were able to provide a safe standard of care to each person. Where they did not feel they could safely meet a person's needs they did not provide care. Where they felt able to provide care and support they developed a full care plan with the person or their representative. Everyone receiving a service, or their representative, signed to say they had been fully involved in the development of their care plan.

Care plans were regularly reviewed and up dated to make sure they were reflective of people's up to date needs. People told us a trained nurse from the agency visited them regularly to discuss and up-date their care plan. One relative told us, "We have been fully involved in the care plan and any changes." People had copies of their up to date care plans in their home which meant staff had the information they needed when they supported people.

Staff only provided care and support with the consent of the person or their appointed representative. Staff had received training regarding the Mental Capacity Act 2005 (MCA.) The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One relative of a person who lacked capacity to make some decisions said staff always consulted with them. Another told us that staff always discussed issues with them to make sure the person received care and support in their best interests.

Some people who used the service were unable to verbally express themselves but staff took time to make sure they were consulted about decisions about their care. One person communicated through a computer to make their choices known to staff. One relative said, "Because we have the same staff they know how [person's name] communicates. They definitely know when they are in agreement with them."

People received care and support which met their specific needs. Each member of staff received training which was tailored to the person they supported and any equipment they used. Once they had undertaken this training they had their competency assessed to make sure they were able to safely and effectively support the person. People felt staff were very competent. One person said, "The staff tell me when they are having different training so I have every confidence in them." A member of staff said, "Everything is planned

and you have to have training for each person." The registered manager informed us they never started a package of care until they had a fully trained staff team for the person.

In some instances the staff worked in partnership with other agencies and informal carers to provide care to people. The provider made sure that everyone supporting a person had received the same training as the staff employed by Newcross. One informal carer told us, "What I love is that we all have the same excellent training." One relative told us about how the agency had worked with other staff when they began to provide a service to their relative. They said, "Everyone worked together as a team to make it a seamless transition."

To meet the complex needs of people using the service the staff worked in partnership with other healthcare professionals which ensured people received effective care. They held regular multi-disciplinary meeting where people were able to discuss their care with a range of professionals. The registered manager had set up a group email address for one person which enabled them to email all professionals involved in their care to promote good communication.

Staff sought advice and support from other professionals to make sure people received the treatment and care they required. One professional had written to the registered manager praising how well they and their staff team worked with them and stated they were a pleasure to work with. One relative told us how well the staff team worked with other professionals to make sure the person received the best possible care. They said, "They work well with the whole team. [Person's name] has made great progress since Newcross have been involved."

In some instances staff were responsible for providing food and nutrition for people. This could be cooking meals or ensuring people received the required nutrition through a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff providing care to people receiving nutrition in this way had received specialist training to enable them to adequately support people.

Is the service caring?

Our findings

People received a caring service.

People and relatives we spoke with praised the staff who supported them. One person said, "They are excellent and extremely caring." Another person told us, "They are all brilliant. I think of them as family - I love them." A relative said, "It's difficult to allow someone into your home but the team is very small and I like to think we have become friends now."

People and staff told us one of the strengths of the service was the consistency of staff. People only received care and support from a small team of staff who had all the skills necessary to support people in a very individual way. The registered manager told us part of the assessment of people's needs meant finding out about the person to enable them to match staff to the person. For example one young person liked to go out with staff so wanted staff of a similar age who shared their interests. This had been arranged and the person had attended musical events and festivals with their staff member. One relative told us, "The carers we have are perfect for us, we all share a sense of humour which always makes life easier."

The consistent staff teams had enabled people to build trusting relationships. This meant people and their relatives were comfortable and relaxed with staff and had full confidence in their ability to provide care. People we visited were extremely relaxed with the staff who supported them and the registered manager. One relative who received a night sitting service from the agency said, "I have complete confidence in them. It means I can get a good night's sleep." One person told us, "I can't put a price on the peace of mind. Whatever happens I know they will be able to deal with it. I have complete trust in them."

People and their families were treated with respect and dignity. When staff spoke to us about the people they supported they were extremely respectful and compassionate. One member of staff said, "I guess I treat people as if they were my relative." One person said, "We've used other agencies and never known who was coming when, which I have found rather disrespectful as they are going to provide personal care. Now I know exactly who will be walking up the path and at what time."

People were involved in all decisions about the care they received. People's care and support was fully discussed with them and all care plans were developed in partnership. Staff fitted into people's routines to enable them to continue to live their chosen lifestyles and enjoy family life. All staff were supplied with uniforms but people were able to choose if staff wore these when supporting them. The staff supporting people we visited were not in uniforms in response to the choice made by these people.

At times staff went over and above to make sure people were well supported. For example; on one occasion a person was admitted to hospital and two staff went with them and stayed to make sure their needs were known by hospital staff. They were aware that they would not be paid for this but said they thought the person would be safer and better supported if they stayed. On another occasion a person who was having time out alone fell asleep on their bus home and ended up many miles away. The staff member on duty did not drive but contacted an off duty member of staff who drove to collect them and brought them home

safely.

Is the service responsive?

Our findings

The service was very responsive.

People received care and support which was personalised to their individual needs and wishes. Everyone had a care team who knew them well and were able to identify any changes that may indicate an issue with their health or well-being. One relative said, "They know them so well they know when something isn't right and they respond accordingly."

The provider had a complaints policy which everyone using the service received a copy of. People said they would be comfortable to make a complaint and all felt their concerns would be listened to. One relative said they had made a complaint to the registered manager and they had been impressed by how quickly and effectively it had been responded to. One person said, "They are all very professional and they always listen. I wouldn't hesitate to raise a concern with [registered manager's name] if I had any concerns."

Where complaints had been made, full investigations had been carried out and complainants had been advised of the outcome. The provider had taken action to address any shortfalls highlighted by complaints, for example when staff had required additional supervision or support.

The staff responded to changes in need to make sure people received appropriate care. The agency employed two trained nurses, one who specialised in adult care and another who specialised in paediatric care. This meant that when people's health changed they could respond quickly to make sure people continued to receive appropriate care and treatment. The trained nurses were also responsible for making sure people's care plans accurately reflected their current needs which ensured staff always had up to date information. One nurse told us one thing they particularly enjoyed about their role was having time to spend with people to make sure their care plans truly reflected their needs and wishes. One relative said, "We spend time with [nurse's name] we talk about things and make decisions together. They respect our wishes and they have good knowledge of complex care."

A number of the people receiving care had health conditions which meant their abilities in some areas decreased with time. Staff were able to identify changes in need and adapted their care accordingly. One relative said, "They have been amazing in enabling [person's name] to remain at home. Their physical abilities have deteriorated and they [staff] just do what's needed." Another relative said, "They have evolved with us. They are always flexible and responsive to what we need."

All staff received training in first aid and basic life support which enabled them to respond to any emergency situations. One person had a medical crisis during the night and we were told how the member of staff had calmly supported the person and contacted the emergency services. The relative told us, "By the time the ambulance arrived they had even packed a bag with everything they needed."

The agency was also able to care for people at the end of their lives. Staff liaised with other professionals to make sure people had the care and medicines they required to maintain their comfort and dignity at the end

of their lives. The registered manager gave examples of how staff went the extra mile to support people and their families at this time. In one instance staff had been caring for a child at the end of their life. After the child had died the member of staff stayed at the home to offer practical help and emotional support until other family members arrived at the house. In another instance the agency was contacted by a local hospital late on a Friday afternoon to ask if they could support someone who was very close to the end of their life and desperately wanted to be at home and die in their own bed. All office staff stayed on late to arrange this and an off duty member of the care team volunteered to support this person to return home. The person arrived at their home at around 7pm and died in their own bed later that night.

Is the service well-led?

Our findings

The service was well led.

People were happy with the service they received and thought it was well organised and professional. One person said, "I don't think you could find a more professional outfit." Everyone we asked said they would recommend the agency. A relative said, "I couldn't fault them. I have met the manager and my contact in the office. They are all very accommodating and professional."

There was 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.

Although the service has only been registered at its current address for just over a year the registered manager had managed the service since 2013. During this time they have been consistently compliant with the regulations and ensured people received a high standard of care and support from the agency. The registered manager was responsible for the service delivered from the Taunton office and two further offices locally. They were supported on a day to day basis by two trained nurses and a team leader in each office location.

The registered manager was fully supported by the provider's systems and policies which made sure people received a consistent standard of care and support. Staff had access to the provider's policies and procedures via their website which meant they could always access information on up to date good practice. There was also a staff newsletter which highlighted any changes and gave tips on maintaining high standards of care and support.

People using the service, relatives and staff had access to support 24 hours a day because the provider had a regional centre which was fully staffed throughout the day and night. The registered manager provided a handover to the regional centre each day so they were fully aware of any issues that may arise. The regional centre had access to information which included care plans and telephone numbers to contact in an emergency. There was always someone from the local office on call if further information or action was required.

The provider had a clear vision for the service which was to provide a high standard of care which was personalised to each person. This was achieved by ensuring the right staff were recruited and matched to people. Each person had a small consistent team of staff who had received specialist training to meet the person's needs and were able to develop a trusting relationship with them. Regular staff training and competency assessments helped to make sure staff maintained their skills.

The registered manager had a good knowledge of all the people who used the agency. This helped to make sure each person was treated as an individual and staff were matched in a way that respected people's

wishes and culture. One relative said, "The staff are thoughtfully chosen." When we visited people with the registered manager we noted they had a warm and friendly relationship with them and the staff supporting them. This ensured people or their representatives would be comfortable to discuss their needs or any concerns with them. One relative said, "Oh yes we know [registered manager's name] well. We could always discuss things with them."

People received their care from staff who felt well supported and were happy in their jobs. The agency acknowledged the emotional impact on staff who cared for people who required complex care and those at the end of their lives. To alleviate this impact all staff received telephone and face to face supervisions from more senior staff which gave them an opportunity to openly discuss their work and their well-being. The provider made sure staff had access to personal counselling if required, for example following the death of a person or child they had cared for. One relative said, "They [staff] are always happy and smiling which makes us all feel very comfortable with them." A member of staff said, "I love my job. You are never on your own because there is always someone at the end of the phone if you need help or advice."

The provider worked in partnership with other organisations and regularly met with commissioners of the service and other professionals to make sure people received a joined up service. One relative told us how well staff worked with a physiotherapist to make sure the person they were supporting received the correct support. In other instances staff attended training with other professionals and informal carers which promoted good communication and shared learning for the benefit of people they supported.

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Audits carried out by the provider were randomised and all audits we saw showed the agency was consistently meeting standards set by the provider. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns. For example the last audit of staff training identified that some staff would require refresher training in the near future. In response to this training had been booked to make sure staff received this training in a timely manner.

There were ways for people to give feedback and influence changes in the service. The provider carried out regular satisfaction surveys to enable people to give feedback on the service they received. The registered manager had identified that return rates for surveys was low. In response to this and to ensure people had opportunities to have their say the registered manager was enhancing the system for seeking feedback. In addition to the provider's surveys the registered manager was planning for people to be able to have one to one discussions with a senior member of staff which they hoped would encourage people to express their views.