

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Torquay)

Inspection report

28 Tor Hill Road
Torquay
Devon
TQ2 5RF

Tel: 01803292299

Date of inspection visit:

12 August 2019

13 August 2019

14 August 2019

15 August 2019

Date of publication:

13 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Newcross Healthcare Solutions Limited (Torquay), referred to as Newcross throughout the report, is a service providing support with personal care to adults and children living in their own homes. Newcross specialises in providing support for those with complex health needs and, at the time of the inspection, were providing a service to 16 adults and five children.

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

People received a safe service that met their complex healthcare needs. Risks associated with people's health conditions were assessed and regularly reviewed. Management plans guided staff about how to mitigate risks and what action to take in an emergency.

Relatives praised the service for the compassion, care and friendship the service had brought to their relative's lives. The service was able to demonstrate their commitment to ensure people received the best possible care. Relatives said people's health, well-being and quality of life had improved since receiving support from Newcross. One relative said, "They're like an extended family. My daughter feels really comfortable with them." Another described staff as "excellent" and "irreplaceable".

Staff were safely recruited and well trained in the complex healthcare needs of the people they supported. Staff said the service provided very good training and their standards were high. Relatives told us they felt staff were competent and safe. Supervisions and regular competency assessments ensured staff were well supported, knowledgeable about people's care needs, and their practice remained safe. Relatives and staff said they would recommend the service to other people.

The management team and staff were aware of their responsibilities to safeguard people and to be honest and open when things had gone wrong. Complaints were recorded, investigated and kept under review. People, relatives and staff said they felt listened to and respected.

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. People were supported to engage in hobbies and interest in the local community.

Care plans were personalised and detailed, providing staff with the guidance they required to provide safe and consistent care that met people's preferences and expectations. Regular reviews ensured people's care needs were well understood and care plans contained up to date information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Newcross Healthcare Solutions Limited (Torquay)

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

We gave the service 72 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 12 August 2019 and ended on 15 August 2019. We visited the office location on 12 and 13 August 2019. We also visited people in their own homes on 13 August. We made phone calls to people, relatives and staff on 14 and 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited two people and their relatives in their own homes. We spoke with one person who used the service and nine relatives over the telephone about their experience of the care provided. We spoke with 20 members of staff including the regional manager, registered manager, a nurse, three care co-ordinators and 14 care workers.

We reviewed a range of records. This included three people's care records and sampled a number of medicines records. We looked at two staff files in relation to recruitment, staff training, supervision and competency assessments. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We received feedback from three professionals involved in monitoring the care of people who use the service. We also received feedback from a further two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff had received training in safeguarding adults and children. They were aware of their responsibilities and knew who to report concerns to about people's safety and well-being.
- People and relatives told us they received safe care and support. Their comments included, "Oh yes! I have total confidence she is safe when I leave her", "I find my carers completely trustworthy" and "I feel my daughter is safe with them."
- Healthcare professionals also told us they felt the service was safe. One said, "I have no concerns about his safety and welfare."

Assessing risk, safety monitoring and management

- The people supported by Newcross had complex healthcare needs. Assessments identified associated risks, for example, in relation to the use of gastrostomy tubes to provide people with their nutrition and hydration; tracheostomies and obstruction of people's airways; the use of equipment to aid breathing; mobility and skin care, and epilepsy.
- Management plans guided staff to support people in a way that mitigated risks by providing them with step by step instructions. For example, one person required regular suctioning of their airway through their tracheostomy. The guidance for staff told them what size catheter to use and to what depth to insert the catheter.
- Information was provided about what to be observant for which might indicate a deterioration in a person's health condition. Crisis management plans provided staff with guidance about what action to take in health emergencies.
- The service worked closely with specialist healthcare professionals to ensure people's care was safe.
- Risk assessments of people's homes ensured staff were working in a safe environment.

Using medicines safely

- People were supported by both their families and staff to administer medicines. Where the service supported people with this, it was managed safely, and people received their medicines as prescribed.
- Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required', staff were provided with guidance about when they should be administered.
- Audit checks and observations ensured records were fully completed and staff's practice was safe.

Staffing and recruitment

- The service's recruitment processes remained safe. Pre-employment checks, including police checks, and obtaining references ensured staff were suitable to work with children and adults.
- The service employed sufficient staff to meet people's needs. People and relatives told us staff arrived when they were expected, but if they were running late, they were notified. Relatives said, "They are always early – and that's fine" and another said, "They contact me if they are going to be late. They keep me in the loop." A relative told us the service had provided additional visits at very short notice to support their relation's care.
- The service ensured people knew which staff members were coming to them in advance. People were provided with copies of their staff rota and were kept informed of any changes.
- No one had experienced a missed visit and relatives reported staff stayed the length of time they should: One relative said, "They are never in a rush."
- The service worked alongside other professionals to review people's staff support in line with their changing needs and preferences.

Preventing and controlling infection

- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection. A relative told us, "They all wear aprons when necessary and all protective gear is disposed of properly."
- Relatives told us staff supported them to keep their home clean.
- Staff had attended infection control training.

Learning lessons when things go wrong

- The registered manager told us they were keen to learn from people's and staff's experiences of receiving and providing support.
- Evidence was available to show when something had gone wrong the registered manager responded appropriately and used it as a learning opportunity.
- A 'lessons learnt' book provided information about how the service had reflected on what had not worked well, and how to make improvements. Staff told us the registered manager kept the changes made under review to ensure they continued to benefit people, staff and 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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;

- Newcross employed a registered general nurse to assess, review and guide staff about people's health care needs to ensure care was provided in line with best practise.
- Assessments identified people's needs and provided staff with information about how best to meet these needs in line with this guidance and people's preferences.
- The provider's clinical governance team also provided supervision and oversight of people's clinical needs, as well as support to the service's nurse.

Staff support: induction, training, skills and experience

- Staff received the specialist training, support and supervision they required to carry out their caring role.
- Staff told us they were impressed with the high level of training provided and said the service's standards were high. They confirmed they received regular supervisions and appraisals, as well as undergoing direct observation of their practice and competency assessments of care tasks. This ensured staff could meet people's complex care needs and remained safe in their practice.
- Staff new to the service were provided with a robust induction, which included shadowing more experienced staff as well as undertaking The Care Certificate if they were new to care. The Care Certificate is a nationally recognised induction for care staff.
- Relatives told us the staff were competent and well trained. One said, "I've seen them in training with the experienced carers shadowing new staff" and another said in relation to the use of equipment, "Dad feels comfortable, they are well trained in the use of his hoist."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were assessed, and care plans identified how staff should provide support with this.
- Some people were unable to take diet and fluid orally and required their nutrition and fluids to be given through a gastrostomy tube directly into their stomach. Records were kept of all nutrition and fluids administered.
- A dietician regularly reviewed people's nutritional needs.

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.

- People, or children's parents, had signed to give consent to receive the care and support identified in their care plans. During our observations we saw staff talking to people and gaining their consent prior to providing care and support.
- The registered manager, nurse and care staff understood the MCA principles and the need to gain people's consent.
- Where people were having their liberty restricted to protect their safety, this was done lawfully and kept under review with the involvement of other healthcare professionals.

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

- The service had a close working relationship with other healthcare professionals, such as the community nursing team, physiotherapists, occupational therapists, and learning disability community teams.
- The service, with the support from these professionals, regularly reviewed people's needs to ensure these were being met safely.
- Good communication between staff, people and relatives ensured all those involved in people's care were up to date with their care and support needs.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good, although we found there were still some elements of outstanding practice. 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

- Without exception, we were told people were supported by kind, caring and compassionate staff. Relatives repeatedly said staff were like "family" in the way they supported and respected their involvement in their relative's care. One said, that due to the support they received, she could "be a daughter more than the carer." The service recognised the importance of consistency in care and many of the staff had been supporting the same person for several years.
- The service was able to demonstrate a strong commitment to people. For example, one person required a hospital admission for treatment. This person was unable to communicate their needs verbally and hospital staff would not have been able to ascertain their needs or whether they were in pain. To ensure the person received a good outcome from their admission, was kept as comfortable as possible, and was supported by staff who understood their complex care needs well, their staff team stayed with them throughout their admission. This involved staff travelling considerable distance and/or staying close by the hospital.
- People had choice over who supported them. People and their relatives were involved in assessing the suitability of each member of staff before they joined their care team on a permanent basis. Staff were introduced to people at a 'meet and greet' meeting to enable people and their relatives get to know staff before they started to provide care. One relative said, "They always phone me when a new carer is coming, and we have a 'meet and greet' session."
- Relatives also told us how well staff treated other family members, such as children's siblings with kindness and understanding. One relative said, "They treat all my children the same and try to include them in what they are doing." Other comments included, "They're all friendly and genuine", "They're good and they know the high standards we expect" and "They're like an extended family. My daughter feels really comfortable with them." Recent feedback received by the service from one relative described the care staff as "excellent" and "irreplaceable".
- Staff received training in equality and diversity, and they told us they treated each person as an individual, with the same commitment to their welfare. People's protected characteristics, such as disability, sexuality and culture, were respected and care was delivered in a way that met each person's preferences and expectations.
- Staff were passionate about providing a high quality of life for people, and for supporting them and build their confidence to enjoy different experiences. One said their job was about providing people with the "best life" possible. Another described the person they supported as "a remarkable man with a lovely family". They went on to say, "I really enjoy looking after him."
- Staff understood what was important to people, not just in relation to their care needs but to the things they gained enjoyment from. For example, one person told us the staff cared for their fish tank as they were

no longer able to. Staff told us how one person, who was unable to communicate verbally, loved clothes shopping and bright clothes. During our visit we saw them making eye contact with staff and smiling while they were telling us this; they also looked across at their brightly coloured cardigans and smiled.

- Relatives told us how grateful they were to receive such a high level of support that enabled their relations to stay at home with their families or to live independently in their own home. One said they felt proud they were "doing right by her" by being able to keep them in the family home.
- A health care professional told us the quality of care was provided was "excellent".

Respecting and promoting people's privacy, dignity and independence

- Staff said they placed an emphasis on supporting people to be as independent as possible, as well as developing their skills. Care plans described what people could do for themselves and how staff should provide support. One relative told us, "They [staff] are very caring and they enable and encourage her."
- Another relative told us how their relation's well-being and quality of life had improved significantly since they had started to receive support from Newcross. Staff had taken time to understand their relation's needs and to plan how to support them in a consistent way. This had reduced their anxiety and in turn, improved their safety around others. Their relation was now able to go out into the community more safely and with more confidence. This had resulted in a significant reduction in their reliance upon staff support and opened up more opportunities for them.
- During our visits we observed staff protecting people's privacy when providing care. In recent feedback received by the service from a relative, they said "They treat him with as much dignity as they are able... he is really happy having them around."

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

- People and their relatives were involved in developing their initial care plan as well as all subsequent care reviews. One relative said, "They review it [the care plan] regularly, monthly if necessary" and another told us no decisions were made without their involvement.
- People and relatives told us, and records showed, the service regularly sought feedback about the quality of the care and support provided, as well as on staff performance. Each person regularly met with their staff team and the registered manager to share their views about how well they were being supported.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service was responsive to people's needs and requests. One relative told us the service had been able to provide additional support at short notice and another said, "I wanted to change the days the carers came and found them to be particularly obliging." Records showed the service was able to support changes to people's staff team to enable them to take up new hobbies, interests or vocational work.
- Care plans were personalised and detailed, providing staff with the information and guidance they needed to care for people safely and in a consistent way that met their preferences.
- Care plans contained a document entitled 'This is me' which provided staff with important information, such as their medical history and allergies; the details of the healthcare professionals involved; what the person liked, as well as what they disliked.
- Relatives told us they were supported to be as fully involved in their relation's care as they wished.

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.

- People's communication needs were being met. Care plans provided staff with guidance about how to support people's communications with signing, photographs and symbols, and objects of reference. The service also supported people to use technology to support their communication, for example with computers that followed people's eye movements.
- In preparation for one person learning sign language, their staff team had undertaken sign language training to better support the person with their learning.
- Another person requested communication by email and the service provided them with direct email addresses to enable them to contact the service at any time, including outside of normal office hours.

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 were supported with their hobbies and interest, and to take part in community events.
- People showed us pictures of themselves out in the community enjoying day to day activities as well as attending special events such a recent air show.
- The service supported people to maintain friendships and keep in touch with relatives where they were not living with them. For example, one person's staff team supported them to go on holiday with their friend as the service recognised how important it was for this person to spend time with their friend outside of their

home.

Improving care quality in response to complaints or concerns

- The service managed complaints well. These were recorded and investigated, and any action taken to resolve the matter was identified. The service had developed good relationships with people and their relatives to ensure they felt comfortable raising concerns.
- None of the people or relatives we spoke with said they had any concerns about the service. They knew how to raise a complaint and said if they needed to speak to the office staff or the registered manager they were listened to and received a prompt response.

End of life care and support

- No-one was receiving end of life care at the time of the inspection, but the service had previously supported people towards the end of their life.
- Staff received training from the provider's training department in end of life care.
- Where people's wishes were known about how they wanted to be cared for at the end of their lives, this was recorded in their care plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was focused on their needs, protecting their safety and supporting their aspirations for how they wished to live their life.
- Relatives told us people's health, well-being and quality of life had improved since receiving a service from Newcross.

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

- Relatives told us they were kept informed about changes in people's care needs and if a person became unwell. One said, "The manager visits regularly, and I am happy with the way she deals with any issues."
- The service understood and was meeting its duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported by a team of care co-ordinators and a registered nurse. Each understood their responsibility and there were clear lines of accountability. Meetings between the registered manager and care staff, the nurse and the care co-ordinators ensured people's needs were continually reviewed and changes communicated to staff.
- Robust quality assurance systems ensured the registered manager and provider assessed and reviewed the safety and quality of the service people received. The service used the outcome of these audits as well as people's and relatives' feedback to continually seek ways of improving the service.
- The provider's governance, quality assurance and clinical teams provided additional support and oversight about how the service was managed.
- In April 2019 the service has engaged an external agency to undertake a mock CQC inspection to provide additional opportunity for scrutiny and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service contacted people and their relatives each week to gain their feedback about how well they were being supported. Recent feedback received by the service showed people and their relatives were very satisfied with the quality of care provided.
- People and staff's protected characteristics were considered and respected.

- Staff told us the service was very supportive. They said they were consulted over people's care and they felt their views were listened to and valued.
- The service worked closely with other professionals as well as having close links with the provider's other services to reflect upon the service's performance and to share good practice.