

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Chichester)

Inspection report

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Date of inspection visit:
25 January 2018
26 January 2018
31 January 2018

Date of publication:
06 March 2018

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 Solution Limited (Chichester) is a domiciliary care agency (home care). It provides personal and nursing care to children and adults in Chichester and the surrounding areas. This inspection took place on 25, 26, 31 January 2018. 72 hours' notice was given as the service is small and we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits which allowed us to hear about people's experiences of the 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.

This service is a domiciliary care agency providing complex care packages. It provides personal and nursing care to people living in their own houses. It provides a service to older adults, younger adults and children. Some people may be living with dementia, have physical and learning disabilities and some people and children have complex care needs.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People, where possible were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People, their relatives and professionals were encouraged to be part of the care planning process and to attend or contribute to care reviews. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure their independence was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by engaging them in the personal, small things which mattered to them.

The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken.

People received care from staff who had undertaken advanced training to be able to meet their unique needs to maintain their health and well-being at home. Staff confirmed training enhanced their skills and confidence. For families the high standard of training meant their children were able to be at home rather

than in high dependency hospital beds.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People, or families where appropriate were involved in all aspects of care delivery.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. Additional training such as PEG training and NG tube feeding (food given via a tube passed through the stomach or nose) enabled people to receive their nutrition by skilled staff where their health needs required this. People were supported to access health care professionals to maintain their health and wellbeing. Medicines were administered safely by trained and competent staff.

Staff supported people and their families at the end of their lives with tenderness and compassion ensuring people's last wishes were known, shared and delivered by the Newcross team.

Policies and procedures across the service ensured information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example simple questions, play or observational skills or monitoring people's and children's facial expressions.

The service was well led by a registered manager and provider and supported by a dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. There were robust processes in place to ensure complaints were investigated thoroughly and any identified areas for improvement learned from. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes in research, best practice and technology to maintain quality care.

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 by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good ●

The service was excellent at delivering effective outcomes. Staff received exceptional training and support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were very well supported and had the opportunity to reflect on practice and training needs to enhance people's care.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported. Complex nutritional needs were met by a skilled team of staff.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format.

Is the service responsive?

Good ●

The service was responsive.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was understood and helped staff support people's individuality.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated

People, families and professionals were involved in planning the care. Views and wishes of family members were listened to and acted on. People's end of life was compassionate.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Good ●

The service was very well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Quality assurance systems drove improvement and raised standards of care.

Newcross Healthcare Solutions Limited (Chichester)

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 25, 26 and 31 January 2018 and was announced. The provider was given 72 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be available. The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We looked at the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office team on 25 January 2018 and met with the registered manager and office staff team. We met with one child and their family on 26 January 2018. Following the inspection visit, we contacted one adult receiving nursing care, seven staff, seven professionals and two other families whose children were receiving care and support.

We looked at three records which related to people's individual care needs. We viewed three staff recruitment files, training evidence and records associated with the management of the service. This

included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service provided safe care. People and relatives said the service was safe.

The systems, process and practices at Newcross Healthcare Solution Limited (Chichester) enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular discussion about the care being provided to people, helped protect people from discrimination and harm.

Staff told us that they had undergone training in this area during their induction, knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise concerns if required. Comments from staff included, "I'm mindful of neglect and abuse, making sure people are happy." The registered manager worked closely with the local authority safeguarding team when required. The PIR advised, "All our care staff undertake safeguarding training during their induction which is repeated on an annual basis. Any concerns about the safety or wellbeing of our services users are logged on an internal alert system so that the right people within the organisation are alerted and any urgent action can be escalated straight away such as reporting externally if this has not already been done. We also encourage our Branch Managers to attend local safeguarding training and network meetings with the local authority and provider groups to be fully up to speed with local reporting requirements."

People were supported by staff that were safely recruited. Records and the registered manager confirmed that the necessary checks were undertaken prior to an applicant commencing their employment. This helped ensure the right staff were employed to keep vulnerable people safe. The PIR submitted confirmed safe processes were followed, "Our care staff are required to have a minimum of 6 months care experience and cannot start work until all their pre-recruitment checks have been completed, checked and 'signed off'. Our organisation maintains a centralised team of specialist recruitment staff who process all recruitment/ID records, and obtain references on all applicants; the recruitment process includes a second check of all documents prior to the applicant starting work."

The registered manager told us staff values were very important during the recruitment process, "I look at staff attitude and behaviour, meet them face to face, check their skills, ask scenario based questions; I'm looking for people who can advocate and really care from the heart." Staff shared their experience of the recruitment process, "Interview process was brilliant, very thorough. We went through my portfolio, training, confidence levels and where I felt skills needed to be improved."

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. Most people receiving support from the agency had complex, intensive packages of care. There was a flexible, stable staff team; this helped to provide continuity for people. Professionals we spoke with all confirmed staffing was consistent and familiar, they reiterated how very important this was for families with babies and children. Staff worked as a team to meet people's needs so people were supported

by staff they knew. Staff told us there was a system to alert the office of their arrival and where people didn't have a phone line, there were robust systems which ensured action was taken quickly to follow up staff whereabouts and ensure care packages were staffed.

People and families confirmed home visits were never missed. We heard in one video we watched made by a mother, how important this was so they were able to stop nursing, "be a mum" and care for themselves and their other children. People had information about the staff who would be visiting their homes so they knew which staff to expect on particular days and nights. Staff were very mindful of the impact of their presence within the family home had. Contingency plans were in place for bad weather, the registered manager told us they knew which staff lived within proximity of people. For some children, the contingency would need to be an admission to hospital but this would be the last resort.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. A lone working policy was in place and an out of hour's service to support staff safety and ensure people having early or late visits received them. Staff vehicle MOTs and car insurance were checked to ensure people were safe if they were travelling with staff. One staff member shared the precautions they took, "We have a rape alarm and torch; I carry these with me all the time. There is support from the central Bristol office out of hours and local office if needed during office hours. I make sure I park near properties, my phone has credit and I have my wits about me."

People were supported by staff who managed risk effectively. Robust, detailed risk assessments were evident covering the environment people lived in, and their complex needs. Care records contained basic life support instructions and choking guidelines where required. People's individual risks in relation to their health needs, for example their skin or epilepsy were known and shared so people received the care they required. Staff told us how they cared for one young child, "I'm always checking their stats (oxygen levels), and their colour for any changes."

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks.. Staff balanced actively supporting people's decisions so they had as much control and independence as possible whilst ensuring their safety at all times. Staff gave examples of how they thought of ideas to enable some of the older children and young adults they cared for to have as much autonomy and independence as possible. For example, the agency had supported one person to have email access on their gaming equipment and staff shared ideas related to advanced technology that would further support their independence.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Some people received their medicines through a tube (nasogastric (NG) or percutaneous endoscopic gastrostomy (PEG)). Staff undertaking medicine administration in this way received additional training to ensure they were confident and people were safe.

People were protected from the risk of infection. We observed staff using and discussing infection control precautions during one visit. Other staff told us how they checked entry sites for tubes were clean and used personal protective equipment to reduce the risk of infection.

People were kept safe by staff who understood what action to take in the event of an incident. Staff followed internal procedures for reporting and documenting these. Incidents which occurred were recorded,

reflected upon and analysed to improve safety. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire. Where required the service liaised with the fire officers to ensure homes were safe in the event of a fire and emergency plans were in place if ever an evacuation was required.

Is the service effective?

Our findings

People were supported by staff that provided effective care to an exceptionally high standard. The remarkable training enabled parents to feel reassured their children were cared for staff trained for a high standard. A video we watched a parent had made and shared, "They help do the medical stuff so I can be a mum – they are part of the family, part of the furniture." Families felt the outcome of the agencies involvement was positive, "It's pretty amazing to watch her be a normal kid." Commissioners confirmed to us, "Staff have shadowing and in house training, all excellent"; "All very professional, training to a high standard."

The advanced training the care staff and nurses received enabled people to be cared for at home rather than hospital. We met one child who was home for the first time since they were born due to the intensive training staff had received to manage their needs. The enhanced training delivered was required to be constantly reviewed and updated as research, guidance and technology advanced. The service was at the forefront of developing competencies in this area alongside the experts involved, including paediatricians and the equipment representatives.

All staff confirmed the training was good, creative and developed them, commenting, "The trainer is very good, games to help you remember and practice"; "We role played administering midazolam with water"; "I learned something new I have shared with others, I can now put a slide sheet under someone without moving them"; "I have done Makaton to Level 3 and tracheostomy (ventilation) training and PEG (nutrition through the stomach) training"; "PEG feeding doesn't faze me now, I'm competent to manage blockages, check peg site for infection."

Staff also underwent training on areas the provider considered mandatory subjects such as moving and handling and safeguarding as well as bespoke training that was specific to the people and children they supported, for example epilepsy training, Makaton, ventilator training and suction.

Staff new to care had the opportunity to work in hospitals shadowing people's and children's care, were observed closely and the clinical nurse and registered manager received feedback on their progress. Not until all parties were confident staff were competent were staff responsible for providing care. Staff shared, "[X and X] (the clinical nurse lead and registered manager) are amazing, any worries or concerns they are there. Newcross had developed online staff forums where staff could sign in, share ideas and discuss best practice and receive support. When staff joined the organisation they received a comprehensive induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting.

The PIR submitted by the registered manager advised, "Newcross has a strong clinical team, led by the Head of Clinical Governance. We have already implemented a revalidation programme to support our Nurses, to ensure they meet the requirements of the NMC, and are driving forwards care certificate training for our Care staff through an improved " interactive" style induction programme." Staff portfolio's we reviewed evidence the high standards of training, reflection and ongoing development of staff."

Staff at all levels were supported by an enhanced supervision processes. These included clinical supervision, case management discussions and support related to safeguarding, peer supervision and managerial supervision. These processes supported staff. The provider often attended the clinical conference discussions to remain abreast of the work being undertaken in the complex care packages. Professionals we spoke with confirmed supervision process were robust. Commissioners also told us they were "impressed" with the provider's support system. Informal and formal face-to-face supervision, spot checks, competency checks and appraisal systems enabled the service to sustain high quality care over time. Staff were motivated and encouraged to develop through these mechanisms. The office atmosphere was welcoming and friendly, staff were invited to come into the office regularly and there was an "open door" policy. This helped ensure staff felt supported and could raise any concerns or ideas easily.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People and families all confirmed they were involved in decision making at every step. The service supported people and families where required by providing good information, explanations and sign posting to support their decision making processes. The registered manager and the staff team respected people's views, understood the complex dynamics involved at times, and helped them weigh up the benefits and potential risks of decisions. The service advocated on families and people's behalf where required to increase care provision or arrange equipment, always with people and their families at the heart of the process.

People's complex nutritional needs were met effectively. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take and were aware of potential risks such as choking. Staff knew who required their food and fluid intake to be monitored due to weight changes, and when they needed to encourage people to eat and drink. Some people and children the service cared for required their nutrition to be delivered in special ways. We saw staff undertaking these advanced procedures with patience and confidence. Staff told us they thought of ideas and searched for technological advances to support people to be more independent with their food and nutrition, for example robotic arms to enable people to pick up food and feed themselves.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. People's doctors who cared for them in the community post hospital discharge were encouraged to be actively involved. Staff advised communication was superb and changes were quickly identified and shared. For example staff shared how they had been contacted and informed of one child whose situation had changed. This enabled them to prepare themselves emotionally as the condition was life threatening. Staff knew the people and children they cared for exceptionally well and monitored all aspects of their health very closely. If staff noted a change they would discuss this with the individual and family and with consent, seek appropriate professional advice and support. All health professionals we spoke with and commissioners confirmed the robust communication processes were in place.

The provider was passionate about advances in technology which would support staff to have increased time with people and knowledge at their fingertips. Technological advances in care planning and supporting

staff to remain abreast of changes in research, legislation and best practice benefitted people, families and staff. A seasonal staff newsletter we read was full of information to enhance people's care and outcomes over the winter months. Information included advice on increasing levels of vitamin D, reminders about the benefits of receiving a flu jab, an article on defibrillators and the link between good mental health and sleep. These all helped ensure staff considered these areas in their care, as and when they might affect people.

Is the service caring?

Our findings

The service was caring. The registered manager told us the caring nature of staff was monitored closely throughout all aspects of recruitment, spot checks, feedback and supervision with staff. During our conversations with family, staff and professionals it was evident Newcross provided good quality care, compassion and kindness in abundance.

Family and professional feedback was exceptionally positive about the agency and staff. A social worker told us, "They establish good relationships, parents are very appreciative. One mother explained in a video about the service, "The care given is paramount, continuity; it's a godsend, unique." Staff spoke of the people they cared for with compassion and they mattered to them, "Adorable, a real heartbreaker (talking about a child)"; "I try and look out for things in my own time to make [X] more independent." They told us relationships with people were built on trust, having a sense of humour and building people's self-esteem."

People were supported by staff to celebrate special occasions, for example people's important birthdays. Staff thought about ways to enhance people's life and add meaning to their days where their health impacted upon opportunities.

Staff spoke of people in a caring, thoughtful way, "We all go the extra mile, and it's the little things that matter – making them smile, making them comfortable." Staff told us how much they loved their jobs and the people they cared for. One staff member talked about a colleague, "They learn what they like to do and explore with them, and they are confident taking them out and about; [X] will play games until she is blue in the face." Staff also explained how important caring for the whole family was and ensuring parents were well rested and they were a listening pair of ears when needed.

Staff ensured people were supported and cared for as they would their own family. Staff were respectful of people's property and belongings, caring for it as they would their own home. Staff displayed dignity and respect in all the interactions we observed. Staff rota's were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. People, where possible, received their care from the same staff member or group of staff members. It supported relationships to be developed with people so they felt they mattered.

People's social interests and preferences were recorded. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. For those who hadn't developed hobbies due to ill health, staff thought of ideas which might improve their quality of life for example enabling young people to use technology and dating sites.

Staff knew people's individual communication styles and gave example of knowing the non verbal signs, facial gestures and movements people made to express themselves.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. No one we met required care plans presented in an accessible format; however care reflected people's diverse needs and social situations.

Is the service responsive?

Our findings

The service provided responsive care to meet people's needs.

The registered manager / provider's referrals usually came through the local authority system and commissioners. The service undertook their own assessment of people's strengths and needs. Comprehensive, individualised care plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly. The PIR shared, "All of our staff receive mandatory annual training in equality and diversity. This is complimented by our face to face supervisions and competency assessments. We also have a 'Team Pledge' which reinforces expected behaviours with one point particularly focusing on equality and diversity. All care and office staff are expected to understand and sign this form annually, in agreement that they will comply with these companywide expectations".

This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured staff had met people and their families and all the necessary equipment was in place to support a safe transition. Commissioners confirmed the assessment process was thorough, the registered manager always honest about what was achievable and the timescale required to put community care in place. The PIR submitted by the registered manager told us, "From the initial stages of assessment the service user is the key contributor to the care planning wherever they are able to, and our aim is to ensure a positive outcome in meeting their needs. Our Nurse will also visit the service user in a variety of settings such as school, if she feels this will enrich our care planning." A professional commented, "Very accommodating, professional and flexible."

People had support plans in place which were individualised and encouraged choice and independence. Commissioners echoed this view, "Reliable, consistent and person-centred." They provided clear guidance and direction for staff about how to meet a person's needs, their likes, dislikes and routines. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them. People confirmed they reflected their needs.

Staff shared examples of personalised care they provided because they knew people and their families well. A social worker shared an example of how staff knew one young person so well, they were skilled at calming and diffusing a potential situation. Where possible, the registered manager matched staff with people, for example by age group, gender and life experience. This supported personalised care and people who, due to their histories had difficulty building trust with all staff.

The registered manager and staff shared accounts of how they cared for people at the end of their life. Care planning had considered the person's (if possible) and family's wishes and preferences. Staff had worked with the professionals involved so their care and pain were kept under regular review. The registered manager told us how both families and staff required support at these emotional times.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was in people's homes. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. Commissioners advised that the registered manager had taken one concern very seriously and followed all necessary processes, "Everything was investigated by the book, policies followed and very clearly in place, there was no hesitation and the outcome of the investigation was fed back – very robust."

Is the service well-led?

Our findings

The service was well-led.

Feedback from people and their relatives, staff, health and social care professionals, and the local authority health and social care commissioners all confirmed a well led service with strong leadership and good communication which provided excellent care. One professional commented, "[X], the registered manager is amenable, flexible, will come to our office or people's home; helped us out in sticky situations."; "[X] (the registered manager) always knows what she's doing, always available or will call back promptly."

There were effective quality assurance systems in place to monitor care and plan on going improvements. This included audits and checks to monitor the safety and quality of care, looking at areas such as the safety of the environment, medication, risk assessments, care plans, accidents and incidents and complaints and compliments. The views of people, their relatives, staff and professionals were actively sought to ensure the service was run in the way they would like it to be. The care plans had been written with the support of family members and professionals where possible and were regularly update as people's conditions changed and reviews were undertaken. Technology, a computerised care planning system, up to date information and excellent training supported continuous improvement.

The provider, registered manager, clinical nurse and staff team all promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager had a clear vision, a shared ethos of providing high quality care and had been proactive in making this happen.

The registered manager was available throughout our inspection providing information as required, promptly.. Everyone we spoke with confirmed they were visible, hands on, reliable and supportive. They were well known, well respected and developing strong partnerships with key people. This supported people's care at home to be excellent and was instrumental in the agencies success since opening in 2017.

The registered manager told us the provider's organisational structure above the office team were good, very supportive and their autonomy and expertise was trusted. The Newcross management were in frequent contact and were proactive in monitoring the quality of the service.

The staffing structure promoted effective monitoring and accountability and meant staff received regular recorded training, competency checks, supervision and support. Staff had confidence in the clinical lead nurse and registered manager. Any issues identified through audits were relayed to staff. All staff confirmed they felt involved and part of a growing, reputable service.

The registered manager worked in partnership with other agencies when required, for example the primary healthcare service, children's doctors and nurses, the local hospital, social workers and commissioners. Feedback included, "The agency is thorough in all respects – mindful to get the right staff, right skill set, very

proactive and focused on individual's needs"; "They have identified a gap in the local market and are good value for money."